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ABSTRACT

This manual offers a flexible and practical intervention program for preschoolers and school-aged children who have developmental articulation disorders; phonological disorders; or intelligibility disorders due to suprasegmental problems such as a rapid rate of speech, generally imprecise production, or low speaking volume. The program emphasizes training volunteers and parents to provide more intensive treatment for children. The manual includes the following chapters: "Research and Background," "Establishing a Positive Therapeutic Relationship," "Improving the Teaching Strategies of Aides," "Establishing and Promoting a Paraprofessional-Instructed Program," "Evaluating the Interaction of the Aide and Child," "Using the Lincoln Interactive Profile," "Initial Training Session for Parents and Aides," "The Articulation Program," "Outline of an Initial Session," "Outline of a Typical Weekly or Bimonthly Session," "Special Comments about the Lessons," "Adapting the Articulation Program for Phonological Disorders," "Adapting the Articulation Program for Intelligibility Disorders," "List of Games," and "Motivational Activities." Reproducible materials include: sample letter to parents, sample announcement for a newspaper, Lincoln Interactive Profile, lesson plan for articulation, home practice sheet and chart, clinician's progress graph, lesson plan for phonological approach, lessons for improving intelligibility, etc. (JDD)

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Articulation Training Program for Parents and Paraprofessionals

by Barbara Hartmann
Marvin Hanson, Ph.D.
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Illustrations by Jeanne W. Flint

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Contents

List of Reproducibles vi

Introduction 1
- Your Role 1
- The Role of the Aide 2
- Materials 2

Research and Background 2

Establishing a Positive Therapeutic Relationship 3
- Dealing with Emotions 3
- Dealing with Behaviors 4

Improving the Teaching Strategies of Aides 5
- Reinforcement 5
- Interference from Previous Learning 5
- Goal Setting 5
- Modeling Teaching Strategies 6
- Encouraging Involvement 6
- Responsibility and Advocacy 6

Establishing and Promoting a Paraprofessional-Instructed Program 7
- Administrators 7
- Parents 7

Evaluating the Interaction of the Aide and Child 11
- Description of the Lincoln Interactive Profile 11
- The Profile's Format 11

Using the Lincoln Interactive Profile 12
- Sample Positive Interaction 13
- Sample Negative Interaction 13

Initial Training Session for Parents and Aides 15
- Time 15
- Organization of the Training Meeting 15
- Materials to Use in the Meeting 16
- Materials to Give Participants 16
- Individual Training 16
- Questionnaire 16

The Articulation Program 19
- Clinician's Outline of the Articulation Program 20
- Auditory Discrimination and Self-Evaluation Practice 21
- Materials 21

Outline of an Initial Session 21

Outline of a Typical Weekly or Bimonthly Session 22

Special Comments about the Lessons 23

Adapting the Articulation Program for Phonological Disorders 37
Outline of a Typical Session Using Hodson and Paden's Approach 38

Adapting the Articulation Program for Intelligibility Disorders 43
Materials 44
Description of a Session 44
Data Collection 44
Training the Parent or Aide 44

List of Games 49

Motivational Activities 51

References 111

LIST OF REPRODUCIBLES

Sample Letter to Parents 8

Sample Announcement for a Newsletter or Newspaper 9

Lincoln Interactive Profile 14

Review Questions for Aides 17

Articulation Program Lessons 25

Notes to Parents—Articulation Program 27

Lesson Plan for Articulation 30

Home Practice Sheet 31

Home Practice Chart 32

List of Child's Preferences 33

Home Practice Marking Page: Finish the Faces 34

Home Practice Marking Page: Plant a Garden 35

Clinician's Progress Graph 36

Notes to Parents—Phonological Approach 39

Lesson Plan for Phonological Approach 41

Phonological Approach Lessons 42

Notes to Parents—Intelligibility Lessons 45

Lessons for Improving Intelligibility 47

List of Child's Favorite Activities 48

Motivational Activities 52-109

Introduction

This manual provides you with a flexible and practical intervention program for preschoolers and school-aged children who have developmental articulation disorders; phonological disorders; or intelligibility disorders due to suprasegmental problems such as a rapid rate of speech, generally imprecise production, or low speaking volume.

By training volunteers as aides, you will be able to manage your caseload more effectively. Aides can treat children who don't fit into your schedule and who otherwise might not receive treatment, or they can give additional treatment to children who need more intensive help. Use this program with children who are receiving regular treatment to promote the generalization of articulation skills to new environments and provide equal or greater amounts of practice to children with shorter and less frequent clinical sessions. Because of these advantages, administrators will find the program valuable. They can offer more treatment to more children without increasing costs or placing a greater burden on their professional staff.

This program will help you establish a close working relationship with parents and caretakers. Parents can be intrinsically and effectively involved in solving their children's communication problems. They can practice in the home and in other convenient, familiar settings where their children do most of their communicating. Parents are saved the time and expense of going to frequent clinical appointments; they need to meet with a speech-language pathologist only once every one or two weeks. Most important, however, is the reward and satisfaction parents and family members get in seeing their children communicate successfully in the practice sessions and in other situations and activities. Your concern for the parent and acknowledgment of the parents' skills will also motivate them to help their children.

If parents are unable to participate in the program, other aides can be trained to work with children. For example, you can train older siblings, grandparents, or other family members; school personnel, such as teachers, teacher's aides, and speech aides; peers or older students; or community volunteers. *Parent* and *aide* will be used interchangeably throughout this manual to designate the paraprofessional who is training the child. *Parent* will be used in those sections that relate particularly to parents or other primary caregivers.

YOUR ROLE

You will need to be involved in setting up the program and getting parents or other potential helpers interested in working with it. After evaluating the participating children's phonetic, phonological, or intelligibility problems, you will need to teach the parents or other aides (either individually or in groups) how to use the program. You will need to meet weekly or bimonthly with the aides and their children to monitor progress and provide feedback about how therapy is being conducted.

More specifically, your volunteer instructors may need to learn specific cues or new motivational activities to improve a child's production or self-monitoring skills. They might need more training in discriminating the child's errors or in judging when to advance to the next level of lessons. You may need to suggest improvements in the affective relationship of helper and child. In addition, you may need to incorporate new goals into the child's treatment, overlapping work on previous and current goals as appropriate. You may need to change the stimulus words, the criteria for moving through the lessons, or the sequence of the lessons themselves. You also need to motivate the instructors, encouraging them to use the program's simple recordkeeping system and to adhere to the criteria for progressing through the lessons.

THE ROLE OF THE AIDE

The aides attend a group or individual training session. After training, they can begin working with their children, using the motivational activities and games provided in the program. The aides are also responsible for keeping simple data on their children's progress and attending the regular weekly or biweekly sessions with you and their children.

MATERIALS

This manual includes sample form letters and announcements you can use to notify parents and others in the community that a program is being established. Reproducible evaluation and data sheets, lesson outlines and plans, and motivational activities to give to parents and aides are also provided.

Research and Background

Fifteen of seventeen studies in the speech-language pathology literature showed parents or other paraprofessionals to be of significant help in administering articulation programs. For example, in a ten-year study of 7,000 public-school children, Barker (1981) found that with the help of trained paraprofessionals, the number of children who can be serviced can be increased. In addition, the cost of remediation per child was reduced by half, and there was a corresponding decrease in clinicians' caseloads. Barker also found that it took an average of 3.3 hours of public-school clinician time for the children to master a phoneme at the conversational level when parents helped their children at home. This represents a significant reduction in the clinician's time.

In two studies, paraprofessionals did not significantly influence their children's progress. One, however, involved parents who had not volunteered but had been randomly assigned to help (McCroskey and Baird 1971). In the other, parents had no regular contact with a speech-language pathologist and received only written home assignments (Shea 1955).

The original Home-Based Articulation Program developed at the University of Utah was based on a program developed by Fahey (1976). The Fahey program consisted of nine structured lessons. Parents practiced the lessons with their children twice a day. Twenty-two of the twenty-five children who participated successfully completed the program in a period of time ranging from seven days to three months. They maintained at least 90% correct use of their target phoneme in conversational speech six weeks after the program's completion.

Three unpublished studies evaluated the effectiveness of a revised Fahey program, which included two additional generalization lessons (see lessons 10 and 11 in the Clinician's Outline of the Articulation Program on page 20). The children involved in the three studies came from English-speaking homes and were developing normally in all respects except for their articulation errors. In the first study, 18 children (mean age 5 years, 9 months) received 10 lessons. In the second study, 17 children (mean age 5 years) received 12 lessons. The average time necessary for a child to acquire spontaneous use of a target phoneme in the first study was 6.5 weeks, or 3 hours and 15 minutes of clinician time, and in the second study, 5.3 weeks or 2 hours and 40 minutes of clinician time. This represents a reduction of 50% to 75% in clinician time as compared to children who did not receive home-based instruction (Fahey-Ganz, et al. 1981).

The third study was conducted in a public-school setting. The school speech-language pathologists contacted parents personally to describe the program, and the parents who indicated an interest were included in the study. Twenty-six children in kindergarten through sixth grade were selected from a metropolitan and a rural school district. A control group of twenty-six children from the same districts, matched for age and number of error sounds, received therapy without scheduled contact between the clinicians and parents.

The public-school clinicians were given three hours of training in the Home-Based Articulation Program and were asked to attend a training session for parents. All parents attended an hour-long group meeting prior to meeting with the school clinician and beginning to work with their children. The children in the experimental group worked with their parents for a minimum of fifty home practice sessions and attended ten sessions with the school clinician and parent. The control group was treated for the equivalent of ten weeks; a week was defined as two 20- or 30-minute sessions with the school clinician.

Pre-tests, consisting of spontaneous speech samples taken under the guise of evaluating the children's storytelling abilities, were administered to all children. A phoneme was considered to be in error if less than 30 percent of the words in the sample containing that phoneme were produced correctly. For each child, a post-test was conducted at the end of ten weeks. In addition, during the ten-week period a post-test was administered whenever a child was reported to be using the target phoneme with 90% accuracy in conversation. If the conversational sample collected in the post-test verified that the child had mastered the phoneme at 90% accuracy, another phoneme was evaluated in a pre-test and targeted for treatment.

The following table shows the time the clinicians spent with a child in articulation therapy expressed as a mean percentage of the usual treatment time.

Metropolitan		Rural	
Experimental	Control	Experimental	Control
25%	100%	50%	100%

The average treatment time a child required per week during the ten weeks of the study was as follows:

	Clinician	Child	Parent
Experimental	15 min.	100 min.	100 min.
Control	45 min.	45 min.	—

All four groups made approximately equal improvement in articulation. However, the children involved in the home-based program required between 50% and 75% less clinician time than those who received traditional therapy.

Preliminary results from a fourth study by Magnera, Hartmann, and Neilson (1986) indicate that the Home-Based Articulation Program and the Hodson and Paden Phonological Treatment approach are equally effective in treating phonological disorders. Currently, Hartmann is evaluating an intervention model involving parent-administered treatment in rural Utah. Preschool children who need articulation treatment but do not have access to speech-language pathology services will work with their parents using one or more of the three programs described in this manual and visit monthly with a speech-language pathologist. The study will determine whether monthly contact with a speech-language pathologist is adequate to train parents and others to improve their children's speech.

Establishing a Positive Therapeutic Relationship

If you were looking for someone to work for you as a speech aide, you would want to hire a person who was pleasant and who could work well with children. After selecting someone, you would probably observe the aide in a session with a child, noting what kind of feedback and cues the aide was giving to the child. You would want the aide to make children feel successful and motivated to work on their speech. If your aide showed flat affect or was unresponsive or negative with children, you would work together to improve the person's interaction skills.

Similarly, you want the aides in this program to express warmth and support for the children. If aides in this program heavily criticize the children when they make errors or are flat and unresponsive when the children respond correctly, you will need to help them improve their teaching and motivational skills. In addition, their responses may indicate emotional stresses that you may want to address.

DEALING WITH EMOTIONS

When parents bring their child to you, they may be frustrated, anxious, guilty, depressed, or angry about their child's deficits. In some ways they may be grieving for the *normal* child that they expected to have. Parents may also be responding emotionally to other losses or events in their lives that have affected them deeply. Their feelings and associated behaviors, although normal reactions, may interfere with their working relationship with the children (Moses 1985, 1986).

For example, Clezy (1984, 75) found that "if the mother is neurotically anxious and becomes critical, negative, and/or bossy, then the child may become withdrawn and lacking in motivation; the child's resultant lack of performance would only increase the mother's natural anxiety and serve as a stimulant to her inappropriate behaviors." If parents or other instructors are anxious, they may show less affection toward the

children and have a tendency to speak in a negative tone. They may infrequently touch the children or may handle them somewhat roughly. When they speak with the children, they may be too directive, demanding, and critical, focusing on wrong answers rather than on the children's efforts to respond correctly.

In some cases, you may need to refer the parent to a counselor for guidance. In other cases, you may be able to provide the necessary encouragement and understanding yourself. By listening to parents talk about their feelings, you may be able to lead them to talk about alternative actions and problem solving in their relationship with the children. The time spent discussing and helping the parent deal with these feelings results in better long-term relationships between you and the instructor and between the instructor and the child, and ultimately in more successful treatment for the child.

The following approaches are helpful in dealing with negative or grieving parents; for a more in-depth discussion, see Luterman (1979) and Moses (1986):

1. *Accept the feelings of parents without judging them.* You can accept the person even if you do not like the person's negative feelings or behaviors. In most cases, those feelings are a normal, and even healthy, part of grieving or reacting to a loss.

   Many behaviors associated with grieving, such as anxiety, guilt, anger, or depression, are negative emotions that are not well-received in our culture. A natural first reaction to these feelings may be to say "that doesn't work" or "it's not your fault." Such a reaction invalidates the parents' feelings, implying that they should not feel the way they do. If you respond with evaluative or judgmental comments, parents may not be willing to continue sharing how they feel, thereby not resolving the negative emotions which are interfering with their ability to provide effective therapy.

2. *Be sincere.* The better you know yourself and how you feel, the better you can respond honestly to troubled parents or other people you work with. They will learn to trust you and feel comfortable with you if they sense a congruence between what you feel and what you say.

3. *Try to empathize.* Empathy is *feeling with* the parents' emotional concerns. You may need to respond to parents' emotional concerns both before and during their training to be intervention partners.

4. *Be an active listener.* Your behavior, the kinds of comments you make, and the questions you ask will indicate to the parent your interest and support. When listening, make sure you maintain eye contact, have an attentive facial expression, and adopt positive body language by leaning forward, nodding your head, and so on. Encourage the parent to continue talking by making nonjudgmental comments such as "I see" or "I can imagine how that felt."

5. *Paraphrase the parent's statements.* Try to paraphrase what you are told to show that you are trying to understand or to check your perception of what was said: "You found out about your child's hearing loss when he was three?" Ask questions to show that you understood what was said but would like to understand more about the feeling or experience being discussed: "How did the rest of the family feel about that situation?"

6. *Answer parents' requests for information but avoid giving specific advice.* By giving advice, you prevent the parents from seeking alternative actions themselves. Moreover, you may later be blamed for any misunderstandings or failures that result, leading to their dropping out of the program. Try to guide parents in solving their own problems, for example, by responding to a question with a question or with an open-ended remark. If a parent asks, "What should I do?" about a situation, you can reply, "What are some possible alternatives you have considered?"

7. *Share your own feelings and experiences.* Self-revealing statements may show parents that their reactions to a situation are not unusual and are understandable to you: "I remember when my child started kindergarten. I was concerned that other children would tease her."

DEALING WITH BEHAVIORS

Some of the behaviors that you need to consider in evaluating the interaction of the parent and child are the following (Clezy 1984):

1. *Prosody:* flat affect shown in reduced variation in pitch, intonation, and stress

2. *Nonverbal behavior:* reduced eye contact and gaze with the child; few positive facial expressions; infrequent touching or rough handling of the child
3. *Verbal behavior:* frequent use of imperative statements, asking only short-answer questions, speaking critically or negatively to the child

These behaviors will reduce the motivation of children, who will not receive the encouragement and support they need to communicate in new ways. You can work with parents diplomatically and positively to overcome these behaviors.

Encourage parents to be positive and natural in their tone of voice, choice of words, facial expressions, and touch. If a parent tends to speak in a monotone, the child's speech patterns may also sound uninterested and flat after a few weeks' practice. Children also often leave treatment sounding stilted; their intonation and stress patterns become flat and stereotyped as they attempt to use their *good speech* or *new sound.* You can avoid these flat intonational patterns by encouraging parents to use a natural and positive tone of voice.

Parents also will be more effective if they follow their children's interest, focus, and gaze when they interact (Clezy 1984). Remind them to look at their children when they are speaking or listening. They also need to learn to use *attentive silence,* and you may need to teach them to use encouraging nonverbal behavior, such as head nodding. They may need to learn to wait for their children's responses and to allow normal conversational turns to occur.

Parents who frequently ask yes/no questions and use imperative statements or speak authoritatively can intimidate children and discourage them from learning new speech behaviors. Although they may need to ask questions in the early practice lessons of the articulation program, you should guide parents toward asking a minimum of questions and asking open-ended questions during those lessons that involve spontaneous conversation.

Improving the Teaching Strategies of Aides

You will need to suggest improvements in the aides' teaching styles without discouraging them or making them feel defensive. As you teach aides to reinforce their children regularly, you should also reinforce the aides by praising the improvements you notice in their skills. Set small, realistic goals for both the aide and child so they can see progress. Try to demonstrate effective techniques rather than lecturing the aides.

REINFORCEMENT

The most important aspect of the teaching relationship between the aides and children is how the aides reinforce the children's behavior. Aides' positive behaviors significantly affect and enhance the children's learning rate (Clezy 1984). By reinforcing the instructors' positive behaviors you can acknowledge that they are working effectively with the children, thereby reducing their anxiety and allowing them to develop better teaching strategies. As one parent said, "I come not only because it helps my child but because it makes *me* feel good" (Clezy 1984, 81).

You can encourage aides to learn effective teaching strategies by reinforcing improvements in their instructional skills. Always try to find some action of the aide to recognize and support, even if it is a simple behavior such as arriving on time with the child's practice materials in hand (Clezy 1984). Shape a desired skill by praising small increments of improvement.

INTERFERENCE FROM PREVIOUS LEARNING

People often teach as they have been taught. Question-and-answer sessions are common in many people's experiences in school. You need to help aides see that some questions result in short answers from children and that too many questions can stifle children's willingness to speak.

The concept that answers must be totally right or totally wrong is also common. Suggest to aides that they view an error as an experiment, a try, or an approximation of the correct response. Encourage them to find some part of a child's utterance or effort to praise rather than to focus on what the child did wrong (Clezy 1984).

GOAL SETTING

Set small, realistic goals for both the aide and the child. If you plan small increments of improvement for the child, both partners will feel better about the intervention process. Develop and

reinforce the aides' teaching skills in small steps as well. For example, you might have an aide try to recognize and praise a child's correct production of /s/ before teaching the person how to cue the child to produce the correct sound.

MODELING TEACHING STRATEGIES

The way you work with aides is a model for their behavior toward their children. Several strategies you can use are as follows (Clezy 1984):

1. Praise what the aides are doing well before introducing needed changes in their teaching skills.
2. Introduce the changes as experiments by phrasing your suggestions as follows: "Let's see what happens if you . . ." or "Let's try asking your child to . . ." By suggesting changes in the aides' behavior in this way, they become more involved in the process of changing. In addition, you can avoid appearing directive or authoritarian.
3. Demonstrate, as well as describing, what might work effectively. Introduce a procedure by interacting with the child yourself before having the aide try the procedure. Then you and the aide should take turns interacting with the child until the procedure is mastered. When you see an aide acting negatively with a child, you can model a better approach with the child, demonstrating how the aide might improve. Avoid lecturing the aides.

ENCOURAGING INVOLVEMENT

You can help aides feel more essential and committed to the program by asking them to contribute their ideas to lesson planning. For example, ask them which home situations should be role-played in intervention sessions. They may also enjoy creating or completing materials for the sessions. Bringing books, toys, or household items from home can also make both the aide and the child feel more a part of the treatment process.

Include practice activities that are part of the home routine so that homework doesn't seem time-consuming or an extra task to try and fit in during the day. For example, speech practice can be done in the car or while doing housework or some other daily activity together.

Whenever possible, try to involve other family members or interested people in sessions so that the communicative skills that a child has learned can be practiced naturally as part of conversations outside the therapy session. This also relieves the pressure on one parent to be responsible for the child's speech improvement.

RESPONSIBILITY AND ADVOCACY

As treatment progresses, changes will naturally occur in the "locus of responsibility for improvement" (Clezy 1984). The aides will be putting more time and effort into their children's intervention programs than you will be able to do. As they become more skilled as interveners, you can begin to shift the responsibility for change and improvement onto them. You become a *consultant*, helping aides select goals and intervention strategies.

In addition, the locus of responsibility for improvement also shifts gradually to the children as they become aware of their goals and learn to self-cue, self-evaluate, and self-correct their errors. Ultimately, they will be able to function independently as effective communicators without feedback from others.

You may also need to consider your role as an *advocate*. The temptation is to be the child's primary, if not sole, advocate. But you also must carefully consider the feelings and needs of the parents and other caregivers, especially if you want to ensure their full cooperation in their children's treatment. Your role is actually dual, to be an advocate for both the parent and the child in intervention.

Establishing and Promoting a Paraprofessional-Instructed Program

In order to establish an effective articulation training program, the support of administrators, parents, and local professionals who can refer children to the program is needed. Suggestions for promoting paraprofessional-instructed therapy to administrators and potential participants are outlined in this section.

ADMINISTRATORS

Administrators in both schools and clinics are responsible for ensuring that treatment is available, reasonably priced, and effective. Paraprofessional-instructed articulation training can help to achieve all three goals. Stress that aides can provide services to children who otherwise might be on a waiting list without treatment. The program is cost-effective because clinicians do not have to spend as much time with each child. Research and results from similar programs show that the amount of time required for a child to master a phoneme at the conversational level is significantly reduced.

Point out to administrators that such a training program is likely to enhance your school's or clinic's reputation with parents. Parents and families often like to be involved in helping their children and to see the improvements they themselves have helped to bring about. In a school setting children do not have to miss classes, because they can be treated at home. Working parents will no longer have to schedule frequent daytime appointments for their children. You may wish to discuss with your administrator the possibility of scheduling evening training and follow-up sessions. Frequently, parents can arrange to babysit the siblings of another client while they are waiting for their session with the clinician.

You need not significantly reduce the time you have available for treatment in order to conduct the training and follow-up sessions. In fact this program can increase the time you have available for more severely disordered clients. Training of paraprofessionals can be handled efficiently since you can conduct group training sessions. Your sessions with the aide and the child often need to last only 15 to 20 minutes every other week.

In proposing a program to your clinic or school administrator, you will need to evaluate your caseload and present a list of the children who could participate in and benefit from such a program. Estimate the savings in professional costs and time that would result.

PARENTS

In a clinical setting, you can send letters to the parents on a waiting list, and to pediatricians or agencies that could be referral sources. Refer to page 8 for a sample letter. You can also reach parents and other potential participants through articles or press releases in agency, clinic, hospital, or parent organization newsletters and in campus or community newspapers. The initiation of a new program is often considered newsworthy, particularly if you can tell the *true story* of a child who was helped by the program. For a possible announcement to include in a newspaper or newsletter, see page 9.

Personally telephoning parents or caregivers you feel would be appropriate participants in a parent-administered program may be successful in at least getting them to an initial meeting or training session. Your personal phone call may encourage undecided parents. You can answer their questions directly and also suggest they attend a group training session before they decide whether to make a commitment.

In a school setting, you can write to parents of children on an official or unofficial waiting list. You can also send letters to the homes of all the children in a grade in which children are not usually seen by a speech-language pathologist for developmental or mild articulation problems. You can write an article about the new program for the PTA, school, or even district newsletters. Consider sending fliers to teachers and other school personnel or conducting a brief in-service session to promote the program. Then teachers may suggest children for the program or encourage parents to contact you.

SAMPLE LETTER TO PARENTS

Dear Parent:

(*School, clinic, agency*) is offering a new program for children who have difficulty making sounds, being understood, or speaking as clearly as other children their age. The program has already been used successfully in many school districts and clinics.

In this program, you or other family members are taught some simple methods and games that you can use to help your children learn to speak better. Many children progress more rapidly if they work at home with their parents and family. They can practice more frequently and in places where most of their talking occurs. You will find this program very rewarding as you see your child improve.

You are invited to attend an introductory training meeting on (*date*) at (*time*) in (*location*). (*Optional but recommended.*) A babysitter will be available in a nearby room. Your child does not attend this meeting. We will describe the program and explain how to use its lessons with your child in your home.

If you decide to participate in the program, (*clinician's name*), a speech-language pathologist, will evaluate your child and plan treatment goals with you. (*Clinician's name*) will arrange weekly (or bimonthly) appointments to meet with both you and your child. If you work, early morning, noon, or late afternoon appointments can be arranged. At each weekly (or bimonthly) meeting, which generally will last only 15 to 20 minutes, the clinician will observe and discuss your child's progress with you, demonstrate the next lessons, and answer any questions you have.

If you would like more information about the program or want to participate, please call (*clinician's name*) at (*phone number*).

Sincerely,

_____

(school principal, clinic director)

_____

(speech-language pathologist)

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SAMPLE ANNOUNCEMENT FOR A NEWSLETTER OR NEWSPAPER

(*School, clinic, or agency*) will be initiating a new program for children with speech problems. A speech-language pathologist will evaluate the children's speech and will train parents and families to be instructors for their children at home. We also are interested in training aides to assist at the (*clinic, school, or agency*). The family members and aides will be shown a series of steps through which they can help their children achieve speech goals. They also will be taught cues to help children produce certain sounds or generally clearer speech.

The children will practice daily with their families at home and will see the speech-language pathologist with their aides weekly (or bimonthly) for feedback and suggestions. At these sessions, the instructors will be shown new techniques for practicing at home and different ways to make the practice enjoyable for the children. The final step of the program includes practice in the children's daily activities both at home and in other environments. Interested parents or other volunteers should contact (*clinician*) at (*phone number*).

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Evaluating the Interaction of the Aide and Child

As was discussed in a previous section, establishing a positive therapeutic relationship between the aide and child is vital to the child's progress. Gillian Clezy has designed a form, the Lincoln Interactive Profile (see page 14), that you can use during your initial evaluation and periodically in subsequent sessions to evaluate the interaction between the aide and child.

The profile was developed in 1976 at the Lincoln Institute of Health Sciences in Victoria, Australia, to investigate the effects of mother-child interaction on the effectiveness of speech and language intervention. The communication dyad formed between mother and child was considered critical to the development of optimum communication skills in children with speech disorders. In the program at the Lincoln Institute, the primary agents for the children's habilitation are mothers and fathers or other designated caregivers. As described by Clezy (1984, 67), "a significant person in the child's life is always present and is part of all evaluation and management. This person implements all work under the clinician's guidance." The Lincoln Interactive Profile is used as an essential part of the initial evaluation of the therapeutic dyad and of subsequent intervention sessions.

DESCRIPTION OF THE LINCOLN INTERACTIVE PROFILE

Purpose: The purpose of the Lincoln Interactive Profile is to evaluate and identify negative teaching styles. It can be used to monitor the improvement in an aide's teaching skills during interactions with the child in a conversational or teaching setting. The aide's prosody, ability to be positive, to take turns, and to follow the child's focus can be analyzed. The profile can be completed while simultaneously evaluating the child's language and articulation skills.

Administration Time: Three minutes

Setting: Select a naturalistic, conversational interaction for analysis. You can use the profile in either an evaluation or therapy session.

Uses of the Profile:

1. You can measure both intra-individual and inter-individual changes in targeted behaviors.
2. You can record data from any interaction to describe, categorize, and evaluate each conversational turn. This allows you to objectively compare any two interactions.
3. You can score the profile at the time of observation and share the results with the aide, if it seems beneficial to do so.
4. The profile is flexible. You can score the number of appropriate or inappropriate behaviors the child gives in a given time frame and compare the number of responses given by the aide and by the child. You can concurrently evaluate the correctness of the child's targeted productions, and the parent's positive or negative reactions to those productions.
5. Use the profile to observe any communication behavior. You also are able to score several behaviors concurrently or sequentially. You can select your own code for whatever behaviors you select to monitor. Space is provided on the profile form for you to record the codes you decide to use. A computer program is available for scoring and analyzing the results (Long and Clezy 1988).
6. The profile is not standardized; the transcriber's reliability can and should be established. You can also use the profile for research since it provides a simple measure of controlled observations.

THE PROFILE'S FORMAT

The profile has six lines on which you record certain activities or behaviors. The responses of the aide and of the child are noted on alternate lines. The types of behavior you will record are defined in the following paragraphs (Clezy 1984). Two sample interactions with scored profiles appear on page 13.

Line 1: Parent/Aide Motivational Activity
Motivational activities are behaviors, verbal or nonverbal, that are *positive* or *reinforcing* to the child. You may record responses that contain positive vocal inflection on this line.

Line 2: Child Appropriate Response or Initiation
Record here when the child either responds appropriately to the aide's cue or initiates a correct response. Note that you would record an inappropriate response on line four. These two categories are especially important when formal teaching strategies are being charted. Is the child's response appropriate to the cue? Is the child learning?

Line 3: Parent/Aide Intervention
Record all verbal and nonverbal strategies that the aide uses when communicating with the child, other than those categorized as motivational or negative activities. Interventions may be prompts, expansions, questions, and statements.

Line 4: Child Inappropriate Activity
Record an inappropriate or negative response or behavior by the child. This includes both incorrect and off-topic responses.

Line 5: Parent/Aide Negative Activity
Negative activities include frowning, criticizing, using imperative statements, digressions, and other behaviors that discourage or suppress the child's production.

The Conversational Turn (vertical lines)
As you observe and record a complete interaction, draw vertical lines between the responses of the parent or aide and the child to indicate how many conversational turns have been completed. Number the turns across the bottom line (see sample on page 13). By totaling the responses, you will be able to analyze the positive and negative responses of the aide and the appropriate and inappropriate behaviors of the child. The number of turns per interaction may also reveal how well the parent or aide and child interact.

In a positive interaction, the aide should be using motivational activities at least after every third response and should not be using negative behaviors. There should be a balance between the turns by the parent or aide and the child. One partner should not be doing most of the talking.

If there is a high number of motivational activities, point this out and praise the aide for effective teaching. If the aide is not using motivational activities, review the importance of using reinforcement and various reinforcement techniques, suggesting that they experiment with these techniques. You may want to conduct a short intervention session yourself and have the aide chart the number of responses the child gives. Then have the aide try again and compare this interaction to the data you collected on the first interaction, praising the aide for their effective, positive approach.

If the child is giving few appropriate responses, try to determine the reason. Is the lesson too difficult for the child? If the child is making many off-topic remarks, does the parent need help to structure the session and keep the child on track? Again, if the child is giving a large number of appropriate responses, point this out and praise the aide and child on the progress being made.

Using the Lincoln Interactive Profile

In early sessions you can use the profile to evaluate the interactive style of the parent. Make toys available and encourage the parent to interact naturally with the child. You can avoid obviously focusing on the parent's skills by saying something like this: "You know more about what Megan can do and likes to do than I do. She doesn't know me yet. Would the two of you just play for a while and let me observe?" Such a statement implies that you need to know more about the child and that you have faith in the parent's knowledge and ability. Thus, the parent should not feel threatened and should demonstrate behavior representative of interactions with the child during practice sessions.

At the beginning of a regular treatment session, invite the parent or aide to conduct a practice session at the level the child attained during the last practice session at home. Provide any motivational materials the aide would normally use. As the instructor and child interact, you can use the Lincoln Interactive Profile to evaluate the interaction. In later lessons at the conversational level, you can use the profile to evaluate the appropriateness of turn-taking by an aide, the structure and content of questions and comments, and how well the child's focus is shared and followed. Following the demonstration of a home session, you might ask how representative the demonstration was of practice sessions at home or outside the clinic.

SAMPLE POSITIVE INTERACTION SCORED USING THE LINCOLN INTERACTIVE PROFILE

Transcript of the Interaction

Turn 1 Instructor: What's this?
Turn 2 Child: Thoup.
Turn 3 Instructor: Good try. Put your tongue on the spot.
Turn 4 Child: Soup.
Turn 5 Instructor: Great job. Do it again.
Turn 6 Child: Soup, soup.
Turn 7 Instructor: That's the way!

								Subtotal
Parent/Aide Motivational Activity			•		•		•	3
Child Appropriate Response or Initiation				+		++		3
Parent/Aide Intervention	•		•		•			3
Child Inappropriate Activity		−						1
Parent/Aide Negative Activity								0
Conversational Turns	1	2	3	4	5	6	7	7

CODES:
• Instructor
+ Child correct response
− Child incorrect response

	TOTAL
Parent/Aide Motivational Activity	3
Child Appropriate Response or Initiation	3
Parent/Aide Intervention	3
Child Inappropriate Activity	1
Parent/Aide Negative Activity	0
Conversational Turns	7

SAMPLE NEGATIVE INTERACTION SCORED USING THE LINCOLN INTERACTIVE PROFILE

Transcript of the Interaction

Turn 1 Instructor: What's this?
Turn 2 Child: Thoup.
Turn 3 Instructor: You forgot where the spot is! You can do it better than that.
Turn 4 Child: Soup
Turn 5 Instructor: Why can't you remember about your tongue the *first* time you say it? Do it again.
Turn 6 Child: Soup.

								Subtotal
Parent/Aide Motivational Activity								0
Child Appropriate Response or Initiation				+		+		2
Parent/Aide Intervention	•				•			2
Child Inappropriate Activity		−						1
Parent/Aide Negative Activity			••		•			3
Conversational Turns	1	2	3	4	5	6		6

CODES:
• Instructor
+ Child correct response
− Child incorrect response

	TOTAL
Parent/Aide Motivational Activity	0
Child Appropriate Response or Initiation	2
Parent/Aide Intervention	2
Child Inappropriate Activity	1
Parent/Aide Negative Activity	3
Conversational Turns	6

LINCOLN INTERACTIVE PROFILE

Time Observed: _____

Total Turns: _____

		Subtotal
Parent/Aide Motivational Activity		
Child Appropriate Response or Initiation		
Parent/Aide Intervention		
Child Inappropriate Activity		
Parent/Aide Negative Activity		
Conversational Turns		

		Subtotal
Parent/Aide Motivational Activity		
Child Appropriate Response or Initiation		
Parent/Aide Intervention		
Child Inappropriate Activity		
Parent/Aide Negative Activity		
Conversational Turns		

		Subtotal
Parent/Aide Motivational Activity		
Child Appropriate Response or Initiation		
Parent/Aide Intervention		
Child Inappropriate Activity		
Parent/Aide Negative Activity		
Conversational Turns		

CODES: Use this box to record any codes you decide to use.

	TOTAL
Parent/Aide Motivational Activity	
Child Appropriate Response or Initiation	
Parent/Aide Intervention	
Child Inappropriate Activity	
Parent/Aide Negative Activity	
Conversational Turns	

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Initial Training Session for Parents and Aides

The initial training session with interested parents or other volunteers can be held as a group. Training the parents or other participants this way encourages them to share their experiences and problems. The group can become a support group for them. Participants can pair up and practice the lessons together. The size of the group can range from two to thirty or thirty-five participants.

TIME

This first meeting will probably last between sixty and ninety minutes. Because many aides may be working or going to school, the most convenient time to schedule this session probably will be in the early evening after dinner. Providing a babysitter for the meeting will encourage more parents to attend.

Invite parents, siblings, or other interested family members; other caregivers in the child's environment, such as babysitters or day care workers; interested teachers or teacher's aides; paraprofessionals, such as speech aides; and volunteers from the community. In addition, you can include older students from the school the children attend—peers can also be effective teachers. Notify potential participants by phone, mail, articles in newsletters and newspapers, bulletin boards, and so on.

ORGANIZATION OF THE TRAINING MEETING

At the beginning of the meeting describe who you are and what you do.

1. Have the participants briefly introduce themselves and describe their children's problems or why they are attending the training session.

2. Introduce the program. Briefly discuss the background and development of the program, emphasizing the positive results and improvements gained by children in previous programs.

3. Go over the general framework of the lessons and the simple recordkeeping system that will help the participants see their children's progress and determine when to move on to the next lesson.

4. Discuss motivation and describe how the aide can help motivate children to learn to self-evaluate and self-correct their speech.

5. Describe what happens at the initial evaluation and regular weekly sessions with the clinician that each participant will attend together with the child.

6. Guide the participants as they actually role-play the lessons with each other. People generally learn better when skills are demonstrated and they have an opportunity to practice them than when they sit passively in a lecture (Baker 1976).

   First, call on members of the audience to help you demonstrate a typical lesson. Then have one participant model a lesson as another responds as a child would. Solicit feedback and answer questions about the lesson. Then have two others demonstrate the next lesson, and so on, until everyone has had a chance to be both *instructor* and *child*. The participants will enjoy practicing with their peers because both serious and humorous comments occur among the participants.

7. You can answer questions as they arise, give feedback, and provide more instructions and explanations as the lessons are role-played.

8. Also, have participants practice various motivational techniques and practice responding to off-target remarks by the *child*.

9. After the participants have finished practicing the lessons and motivational techniques, discuss the aide's motivation and have a question-and-answer session.

MATERIALS TO USE IN THE MEETING

1. A word book to select stimulus words for a child, such as *40,000 Selected Words.* (Blockcolsky, Frazer, and Frazer 1987)
2. Toys to demonstrate the motivational activities
3. A set of picture cards that the particants can use when they practice with each other
4. Practice sheets to show how the child's results are recorded

MATERIALS TO GIVE PARTICIPANTS

Participants benefit from having written materials to look at during the training and to take home for later reference or to show to family members or other interested people. The following takehome items are helpful:

1. A brief introduction to, and summary of, the program entitled Notes to Parents—Articulation Program (versions of these notes are provided for phonological and intelligibility disorders as well)
2. A scriptlike presentation of the lessons (see Articulation Program Lessons, Phonological Approach Lessons, and Lessons for Improving Intelligibility)
3. Samples of the Home Practice Sheet and Home Practice Chart
4. Some sample motivational activities (Reproducible sheets are provided beginning on page 52.)
5. *Optional:* A list of sounds in the sequence of their development with some normative data related to the ages at which they usually develop

INDIVIDUAL TRAINING

If parents or other participants can't attend a group training meeting, you can meet with them individually to briefly discuss and demonstrate the program. Give them the materials from the group meeting to read independently. Then, in the weekly sessions, give a brief review of the lessons the child will most likely be practicing next.

You can also make a videotape of one of your group meetings and show participants the videotape, along with providing the suggested materials. This may be particularly useful for aides with poor reading skills and for school-age aides and older siblings of the children. You can spend more time later during the weekly sessions demonstrating the lessons in detail.

QUESTIONNAIRE

The optional questionnaire entitled Review Questions for Aides can help you assess how well the participants have absorbed and understood the content of the program. You can hand it out and have participants answer the questions at the end of a group meeting or have them fill it out at home and return it during their first session. Emphasize that you are trying to evaluate the clarity of the material, not the participant's comprehension skills.

ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

REVIEW QUESTIONS FOR AIDES

Please answer these questions to be sure we've made the program clear to you.

1. How can you make practice sessions more enjoyable for your child?

   One way: _____

   Another way: _____

2. Move **on** to the next lesson when your child gets _____ out of 20 (____ %) cards right on _____ sessions.

   Move **back** to the lesson before if your child gets _____ out of 20 (____ %) or fewer cards right for _____ sessions.

3. Can you move your child from lesson to lesson without calling your clinician?

   _____ Yes _____ No

4. Do you mark your child's first or second try at saying a card?

   _____ First _____ Second

5. If you don't have time to play a game in the practice session, you can make the practice fun by

   _____ a. Calling off the session

   _____ b. Offering your child a surprise at the end of the session

   _____ c. Telling your child to work harder

6. Who holds the cards when you're teaching your child to self-monitor?

   _____ You _____ Your child

   Why? _____

7. When you're teaching the child to self-monitor, who should say whether the sound was correct?

   _____ You _____ Your child

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The Articulation Program

Target Population: This program is for children whose articulation errors are developmental and who do not use unique phonological rules or generalized phonological patterns typical of a younger child. Children with sound substitutions, lisps, or physical difficulty producing the sounds expected for their chronological age can benefit from this program.

Evaluation: Any articulation test can be used to determine goals for treatment.

Goals: You can use this program to target a variety of goals. The practice words can target a single phoneme in a single word position, a single phoneme in several word positions, or several phonemes. You can also target a problem such as a lateral lisp that affects more than one phoneme (/s/, /z/, /ʃ/, /ʒ/).

Sequencing of Goals: You can emphasize one goal until the child produces the targeted sound to criterion or you can work on several goals at the same time. Your decision will be based on the ability of the child and the parent or aide and the amount of time they have to practice. Generally, after a child masters lesson 7 or 8 with one goal, you can add a second goal.

The Sequence of Lessons: An outline of the articulation program lessons is on the following pages. The first eight lessons are structured in the small steps typical of standard articulation improvement programs. The steps gradually increase the length and complexity of the child's response. These lessons focus on words, phrases, and sentences. The child first responds imitatively and then spontaneously at each level. Lesson 9 is a conversational storytelling task. Lesson 10 incorporates structured carryover of the phoneme or phonemes to familiar, routine situations. In Lesson 11, the children practice their sounds in a variety of situations outside their homes. Articulation Program Lessons, an explanation of the lessons written to the aide and a Lesson Plan for Articulation that you can use for planning sessions are included with the reproducible pages at the end of this section.

You can use some or all of the lessons or alter the criteria for movement between lessons, depending on the learning rate and style of individual children. You should make sure that the aides are familiar with *all* the lessons so that they are able to present any ones you feel their child needs.

Progress through the Lessons: The aide can decide to move the child on to the next lesson or to return to the previous lesson based on the following criteria: Advance to the next lesson when the child achieves 90% or better accuracy during three practice sessions. (The sessions need not be consecutive.) Return to the preceding lesson if the child achieves 50% or lower during three sessions. Thus, the child may progress through several lessons between clinic visits. Therefore, you will want to demonstrate two or three lessons during one visit.

Entry into the Program: After you have evaluated the child's articulation and selected the phonemes to treat, go through the lessons with the child until the percentage of correct responses falls between 70% and 80%. This is where the parent or aide should begin training; a child does not necessarily have to start the program at lesson 1.

ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

CLINICIAN'S OUTLINE OF THE ARTICULATION PROGRAM

Lesson	Description	Aide	Child	Parent or Aide
1: 1 word*	Imitation	Shows the picture card and tells the child, "Say *comb*."	"comb"	+ Praises and rewards (On lessons 4, 6, and 8 Help child self-monitor)
2: 1 word	Spontaneous	Shows the picture card and asks the child, "What's this?"	"comb"	- Says "Try again."
3: 2 words	Imitation	Shows the picture card and tells the child, "Say *a comb*."	"a comb"	+ Praises and rewards (On lessons 4, 6, and 8 Help child self-monitor)
4: 2 words	Spontaneous	Shows the picture card and asks the child, "What's this?"	"a comb"	- Says "Try again."
5: Carrier phrase	Imitation	Tells the child, "Say *I have a comb*."	"I have a comb."	+ Praises and rewards (On lessons 4, 6, and 8 Help child self-monitor)
6: Carrier phrase	Spontaneous	Gives the child picture card and asks, "What do you have?"	"I have a comb."	- Says "Try again."
7: Sentences	Imitation	Shows the picture and tells the child, "Ask me, *Do you have a comb?*"	"Do you have a comb?"	+ Praises and rewards (On lessons 4, 6, and 8 Help child self-monitor)
8: Sentences	Spontaneous	Puts the picture card in a purse or other location and asks, "What happened?"	"The comb's in your purse."	- Says "Try again."
9: Stories	The child repeats parent's or aide's story or tells own story	Sets out two to four picture cards and acts out a story containing those words with small toys. For example, the aide puts the coat picture under the doll bed and says, "This girl (picks up doll) is cold (points to *cold* picture). Her mom said, 'Where's your coat? Go look in the car.' So the girl looked, but it wasn't there. Then she found her coat under the bed."	Tells another story or retells the story the aide told. The aide may point to and move around the toys and picture cards to help the child recall the story.	Counts good responses by raising a finger. Asks, "What happened then?" to keep story going.
When the child reaches this level consider adding new words for the target phoneme or begin training on a new phoneme.				
10: Activity reminders	The aide lists all words with the target phoneme that can be used in an activity often shared with the child. Visual reminders (perhaps picture cards taped together) are used.	1. Shows the picture card and demonstrates using these words during an activity. 2. Has the child use the words while doing the activity. Reminds the child to use the words and to say them correctly.	Spontaneously uses the words while enacting the activity.	Praises correct responses and tells the child the total number while recording it on a data sheet.
11: Person reminders	The aide, child, and other people wear a special ring, sticker, or sign to remind the child to use the new sound.	If necessary, cues the child to use the target sound while talking.	Spontaneously uses the target sound in new situations and places.	Praises as correct responses are counted and informs the child of the total number while recording it on a data sheet.

26

27

***When necessary, use nonsense syllables rather than words in this lesson.**

AUDITORY DISCRIMINATION AND SELF-EVALUATION PRACTICE

Depending upon your approach to articulation treatment and the needs of the child, auditory discrimination practice can be included at any time. Self-evaluation and self-correction practice is included in lessons 4, 6, and 8. The suggested procedure is as follows:

Ask the child to hold the picture cards and respond as per the appropriate lesson. When the child is certain that a response is correct, the child puts the card in a *finished* or *good* pile. The aide should wait until the child has put the card in a pile before giving feedback. If the response was correct, the instructor should then praise the child both for making the correct response and for knowing that the response was correct. If the child makes an incorrect response and knows it is incorrect, the aide gives praise for recognizing an incorrect response, puts the picture card in a *Do 5 times* pile, and has the child repeat the targeted sound. When a child is unsure whether a sound is correct, the aide should encourage the child to repeat the sound several times and then judge the performance.

MATERIALS

Since you will not know which lessons children will be practicing when they come for their session with you and their aide, you should have a box or bag with all the materials necessary for the 11 articulation program lessons. The following items are useful to include:

Item	Purpose
1. A word book, such as *40,000 Selected Words* (Blockcolsky, Frazer, and Frazer 1987)	To evaluate a child's baseline skill level To construct a list for the aide to use in practice sessions To prepare representative pictures or objects for a younger child
2. Blank index cards	To make a few cards in the initial session to show the aide how to practice at home
3. Crayons	To color the index cards To draw copies of the cards to demonstrate some of the motivational activities, such as Concentration
4. Home Practice Marking Pages	To give to the children to mark at home as they practice They should be returned to the clinician.
5. Stickers and toys	To use in the motivational activities and as stimulus materials for lessons 8 and 9
6. Copies of appropriate motivational activities (see page 52) based on the child's preferences.	To give the parent or aide to use during home practice

Outline of an Initial Session

1. A complete evaluation normally will have been completed before the parent was contacted about becoming involved in this program. However, you may wish to evaluate the child's current status to obtain a baseline of the child's articulation skills.

2. Give the aide a copy of the Notes to Parents—Articulation Program, the Articulation Program Lessons, and the two recordkeeping sheets and explain these forms. The Home Practice Sheet is used to keep data in lessons 1 to 9; the Home Practice Chart is used to keep data in lessons 10 and 11. All the reproducible forms are at the end of this section.

3. Work with the child to find the appropriate phoneme and lesson with which to begin training. Begin training at the level where the child is performing with 70% accuracy.

4. Have the aide select 20 to 22 words representative of the target phoneme from a word book or list of words. Advise the aide to select words that the child knows and uses frequently.

5. Have the child help to draw and color four or five cards picturing these words. Have the aide or child draw picture cards for the remaining words at home.

6. Demonstrate the appropriate lesson at which to begin training and the next few lessons using the picture cards the child has just drawn. You and the aide should take turns presenting the lessons to the child, so the aide has a chance to practice presenting the lessons.

7. During this practice, ask the aide to evaluate the child's response first, so you can observe the instructor's ability to motivate the child and to discriminate between correct and incorrect responses. Have the aide continue to evaluate the child's responses until you both agree on nine out of ten consecutive responses.

8. Have the aide work with the child for three to five minutes while you fill out a Lincoln Interactive Profile (see page 14).

9. Give the aide positive feedback and constructive suggestions as needed.

10. Have the aide continue to cue the child's responses until nine out of ten consecutive responses are elicited correctly.

11. Give the child a Home Practice Marking Page to use during home practice. You might offer two different Home Practice Marking Pages so the child can choose which one to take.

12. Remind the aide to bring the child's Home Practice Marking Page and the Home Practice Sheet or Home Practice Chart to the next session.

13. Ask the aide to complete the List of Child's Preferences (at the end of this section) so you can better select motivational activities to demonstrate or suggest in future sessions.

Outline of a Typical Weekly or Bimonthly Session

1. Ask the aide to show you the past week's Home Practice Sheet or Home Practice Chart (used for lessons 10 and 11) so you can see the child's progress and error pattern.

2. Invite the child to color in the column for the past week on your Clinician's Progress Graph (see page 36).

3. Ask the aide to demonstrate with five or ten cards the child's current home practice lesson. Set up a motivational activity to ensure that the child will cooperate and to demonstrate one more activity for the aide to use during practice sessions. During this demonstration, you will have the chance to observe the aide's discrimination of errors, evaluate the aide's motivation *and* skill in motivating the child, and assess the child's production—whether it is natural and free of distortions. You can also use the Lincoln Interactive Profile as the child and aide interact.

4. Give the child and aide feedback about what they did well and what they need to improve.

5. Work with the child to see if the child can perform at a 70% (or higher) level on more *advanced* lessons. If you find a more advanced lesson appropriate, invite the aide to try the lesson as you give feedback.

6. Give the child another Home Practice Marking Page and the aide a Home Practice Sheet or Chart on which to record the child's work during practice sessions.

Special Comments about the Lessons

This section contains information about the lessons which may help you to teach them to aides in the clinical sessions. The points in lesson 1 apply to all the lessons; review them before the aide begins training.

LESSON 1

To produce a sound following a model

To produce a nonsense syllable following a model

To produce a word following a model

1. Use this lesson to help shape or develop a child's skill in producing a phoneme in isolation or in nonsense syllables, if the child can't produce the target phoneme in words. If the child needs to work on a phoneme at this level, you may need to write a gradual sequence of steps for the aide, increasing the length and difficulty of phonetic contexts in nonsense syllables.

2. Show the aide special cues and placement suggestions that help the child produce a phoneme. Have the aide practice these.

3. Warn the aide of the following distortions that may occur during the next weeks' practice:

   A child may say the targeted phoneme or syllable too loudly or emphasize it in other ways, for example, jellly (medial /l/) or **sss**oap (initial /s/).

   A child may produce the phoneme in a visually distracting way, such as producing /l/ with the tongue protruding beyond the cutting edge of the upper incisors.

   A child may develop unusual movements of the face or head, often through imitating movements the aide has made when emphasizing some aspect of a sound's production.

4. Ask the aide to evaluate five to ten of the child's responses before you do, to be confident that the instructor can discriminate the child's correct response from an error.

5. Since you will usually present this lesson during an initial session, review with the aide the importance of accurate recordkeeping. Give the following instructions:

   Write down your child's home practice scores on the Home Practice Sheet or Home Practice Chart.

   Number all the cards you make.

   Make a separate pile of the cards that your child says incorrectly.

   After the practice session, write down only the numbers of the *error cards* you have collected. This saves you time and makes a clear visual pattern of your child's errors for you and your clinician.

   Bring the Home Practice Sheet or Home Practice Charts to the next session so the clinician can quickly see what you have been practicing and how your child has been progressing.

6. If the aide does not praise the child for responding correctly, for attending, and for trying, prompt some positive comments by asking such questions as "How did that sound to you?" or "What did you think of that one?"

7. Review the criteria for a correct response and make sure the aide understands when to start a new lesson or go back over the previous one.

8. Encourage the aide to call you to discuss any problems that may arise during the practice sessions.

9. Discuss the child's motivation in home practice sessions, suggesting and demonstrating specific motivational activities and ways to reward the child at the end of a session.

LESSON 2

To produce a word in response to a question without a model

If a child cannot recall the name of a picture, encourage the aide to provide the child with the word to avoid a time-consuming guessing game.

LESSONS 3 THROUGH 6

To produce a two-word phrase following a model

To produce a two-word phrase following a question or instruction without a model

To produce target words in carrier phrases following a model

To produce target words in carrier phrases following a question or instruction without a model

1. Suggest an action or game that makes the carrier phrase meaningful. For example, the aide and the child can collect all the pictures in a bag and say "my _____" or "put the _____ in" as they drop in each picture.
2. Remind aides that they may select *any* carrier words that form natural phrases with the targeted words. They should try to use the same carrier word for as many words as possible, for example, "my **car**," and "my **cat**," although they will need to construct other two-word phrases for words such as "come here."

LESSON 7

To produce the target word in a sentence following a model

1. Remind aides to use a variety of sentences and make them typical of what the children would say.
2. Explain that if the child uses practice sentences that might occur naturally during a day, there is more opportunity for carryover.

LESSON 8

To produce the target word in a sentence following an open question without a model

1. Many children don't know what *say a sentence* means. To help children form sentences, have them watch you or the aide act out the sentences with objects and the picture cards. For example, make a doll jump on a card, hide a card in the room, or put the cards in unusual places.
2. Children will make sentences if they are then asked open-ended questions, such as "What happened?" Tell the aide to avoid short-answer questions such as "What did I do?" or "Where is the salad?"

LESSON 9

To use target words in retelling a story or telling an original story

1. Remind the aide to use each of the three or four selected words as frequently as possible in the stories and to make the stories as much like a conversational narrative with a connected story line as possible.
2. Children seem to enjoy manipulating little figures and objects along with the picture cards while telling their stories. This also helps them to remember the story line and to focus the story.

LESSON 10

To use target words during routine activities in the home or other settings

A. The first time through the lesson: "Say ____" (a typical sentence the child might say)

B. Subsequent times through the lesson: "What can you say about this?" (The child responds with a sentence.)

C. As the child begins to use target words consistently, the aide points to an object or gestures an activity to cue the child to use a target word during conversation.

1. Show the aide some visual reminders that other parents and children have made to cue use of good speech in conversation.
2. Ask what the aide and child regularly do together. Suggest ways to incorporate articulation practice into these activities.
3. Show the aide how to elicit the words by role-playing situations with household objects or toys.
4. Suggested less directive cues the aide can use:
   a. Model using the words in sentences during the activity
   b. Compete to see who can use the most target words during the activity

LESSON 11

To produce the target words in conversations outside the home following a cue

1. Show aides small visual or tactile reminders they or the child can wear (stickers, special flowers, rings) or feel (pennies in a shoe, rocks or beans in a pocket, and so on).
2. Take the child outside the therapy room. Role-play a typical carryover session if necessary.

ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

ARTICULATION PROGRAM LESSONS

	Parent/Aide	Child	Parent/Aide
Lesson 1 1 word with model	Hold picture by your face. Tell child to say one word: "Say **car**"*	Says one word: "**car**"	+ Praise - "Try again."
Lesson 2 1 word without model	Show picture and ask a question: "What's this?"	Says one word: "**car**"	+ Praise - "Try again."
Lesson 3 2 words with model	Show picture. Tell the child to say two words: "Say a **car**" "Say my **car**" "Say I **can**."	Says two words: "a **car**" "my **car**" "I **can**."	+ Praise - "Try again."
Lesson 4 2 words without model	Show picture and ask a question: "Whose is this?" "What's this?" "What do you see?"	Says two words: "my **car**" "a **car**" "some **candy**"	Help child self-monitor. Have child judge whether each word was good or bad. + Child puts card in a *good pile*. You praise. - Child says word 3 to 5 times. You praise when correct.
Lesson 5 Same short phrase for each word after model	Show card and tell child to say a phrase: "Say I see a **car**." "Say I found a **car**."	Says the phrase: "I see a **car**." "I found a **car**."	+ Praise - "Try again."
Lesson 6 Same short phrase for each word without model	Ask child a question: "Do you see anything?" "Tell me about the next card."	Turns over card and says a phrase: "I see a **car**." "I found a **car**." "Here's a **car**." "I need a **car**."	Help child self-monitor. + Child puts card in a *good pile*. You praise. - Child says word 3 to 5 times. You praise when correct.
Lesson 7 Varied sentences with model	Put each word in a different sentence: "Say, Dad's going to wash the **car**."	Child says the sentence: "Dad's going to wash the **car**."	+ Praise - "Try again."
Lesson 8 Varied sentences without model	Ask a question so the child answers in a sentence: "What happened?" If you like, use picture cards and objects to act out sentence.	Child answers the question: "The truck pushed the car."	Help child to self-monitor + Child puts card in a *good pile*. You praise. - Child says word 3 to 5 times. You praise when correct.
Lesson 9 Stories	1. Place 3 cards in front of child. Say, "I'll tell you a story about these cards and then you can tell that story or a different one." 2. Point to each card as you use the word in a story. Use each word several times. Make up an imaginary story or one that could really happen.	Makes up a story or tells you a story.	Hold up your fingers to show how many words the child uses correctly and praise. Mark total number of words attempted.

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

ARTICULATION PROGRAM LESSONS (continued)

	Parent/Aide	Child	Parent/Aide
	3. Keep child's story *going* by adding sentences that don't contain practice words and asking "What happened then?" *Avoid* questions with short answers, such as, "What did he find?" Act out story with toys to make storytelling easier.		
Lesson 10 Activity reminders	1. Select activities you often share with child to be child's *sound time*. For example: riding in the car, eating lunch or dinner, bedtime, washing dishes together, watching TV together 2. With child, list ten words with the practice sound you would naturally use during that activity. 3. Make a mobile or sign to remind child of words. Put it where activity occurs. 4. Practice activity, helping child to say natural sentences using the practice words. At first, you may have to give child sentences to say. 5. You can have a contest to see who can use the practice words most often during the activity.	Uses the sound correctly (or self-corrects) in conversation	+ Hold up fingers to count correct words until 10 are used correctly. Then mark the number of words attempted in 10 correct responses on the Home Practice Chart (10 of _____). - Say your child's name or signal child that an error was made. Keep practicing same activity and words until child says 9 out of 10 words right on 2 days. Then add a second, then a third, activity with new words to practice. When the child uses the practice words right in 2 or 3 activities, go to lesson 11. Continue to remind and praise child during all activities until sound is used correctly without help.
Lesson 11 People reminders	1. Wear reminder sticker or sign. Family members or others (older brother, teacher, grandmother) may wear one also. 2. At first, cue child during activities by asking, "What can you say about this?" or modeling sentences for child to repeat. 3. Try to use fewer cues each time through activity.	Wears or carries something special to remember the new sound (ring, sign, sticker, tape on a finger, nickel in shoe, rock in pocket). Uses the new sound correctly (or self-corrects) in conversation.	+ Hold up your fingers to count child's correct words until your child says 10, then mark total words attempted on Home Practice Chart. - Say child's name or signal that an error was made. If the child uses at least 9 out of 10 words correctly on two days during activities with one person, add another person. Continue adding people until sound is used in all conversations with 90% accuracy.

* Car and other words are used only as examples.

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS
NOTES TO PARENTS—ARTICULATION PROGRAM

This program has been used with more than 70 children in the University of Utah clinic, in two school districts, and currently with families in rural Utah. The program has worked very well because the children practice more when they work daily at home than they can in clinic sessions. Also, the children learn to use their sounds where they do most of their talking—at home and with their friends at school. Parents have been pleased to know how to help their children and to see their speech getting better.

What to Expect

A person who corrects speech problems is called a speech-language pathologist or a clinician. In the first session, the speech clinician will test your child to find out how well your child says sounds that are reported to be difficult and what *cues* or hints help your child say the sounds better. The clinician will work with you to choose goals for making your child's speech better. The clinician will show you how to use these cues, how to hear when your child makes the sounds correctly and incorrectly, and how to make home practice enjoyable.

Each week you and your child will meet with your clinician, who will listen for how well your child is producing the sounds you're working on and give you ideas for home practice. The clinician will talk with you about how to help your child enjoy practicing and show you how to practice the next lessons.

How the Program Works

Look at the Articulation Program Lessons that you have been given. These pages describe the lessons. In the first lessons, your child will say the sound alone or say the sound in one word. The lessons get more difficult until your child can say the words in conversation. The lessons are set up in pairs. In the first lesson of the pair (lessons 1, 3, 5, and 7), you will say exactly what you want your child to say. This is called *modeling*, and it's one way speech clinicians teach children to make sounds. In the next lesson of the pair (lessons 2, 4, 6, and 8), your child will say the word, phrase, or sentence *without* your model. In lesson 9, your child uses the practice words while telling a story. Lessons 10 and 11 help the child use the sound in everyday talking at home, school, and other places.

Depending on your child's speech progress, your clinician may take out some of the lessons or slightly change them. Your clinician will be able to make these decisions after evaluating your child's sounds and weekly progress.

Recordkeeping Helps Your Child Progress

It is very important to keep a record of each session so that you'll know when it is time to move your child to the next lesson. This way, you can be sure that you don't go so slowly that you and your child become bored. Nor will you go too fast so that the lessons are too hard for your child. You can decide when to move your child to the next lesson (or back a lesson). You can do this *between clinic visits*, without talking to your clinician. Remember that your child will feel better if most answers are correct than if the lesson is too hard.

When your child has said at least 90% of the picture cards correctly for three practice sessions, you may move on to the next lesson. This means your child must say 9 out of 10 cards or 18 out of 20 cards correctly on the first try.

If your child says 50% or less of the picture cards correctly for three sessions, the lesson is too hard for your child. You should move back to the lesson before.

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

NOTES TO PARENTS—ARTICULATION PROGRAM (continued)

What's a Right Answer?

Be sure to count only your child's *first* answer to a card. You may count the second answer *only if* your child *self-corrects;* that is, fixes the word without your help. If the child says a word wrong, help the child to say it right, but don't count the second answer in your count of correct answers. If your child says the sound correctly in a word but says *other* parts of the word wrong, count the word as correct.

Make Recordkeeping Simple and Quick

1. Number your cards; the number on the card will match the numbers across the top of the Home Practice Sheet.

2. As your child talks about the cards, put the correct and incorrect cards in separate piles. *After* you've gone through all the cards, you mark only the -'s on the Home Practice Sheet. That way, you and your clinician can clearly see which words are more difficult for your child.

3. On Lessons 10 and 11, you will use the Home Practice Chart. Count on your fingers or in your head as your child talks. Every time your child uses the sound correctly ten times in sentences, write on your Home Practice Chart the total number of times your child said the sound (correctly and incorrectly) to get ten correct.

Ways to Motivate Your Child

Your child will want to practice and use the good sound if the lessons are short, interesting, and not too hard. None of us wants to practice something that we can never do right and that frustrates us. Your child feels the same way about trying something new. That's why it's important that the speech lessons be fun.

Children learn better speech faster when they can see their progress. It is important that your child always has a goal in the lesson. Give your child goals that are easy to reach—saying 10 or 20 cards before the end of the session. The younger the child, the more quickly the goals need to be reached. Here are ideas for letting even a young child see progress. Your clinician will give you more ideas.

1. If your child enjoys it, let your child mark down +'s for the right words on a piece of paper (not on the Home Practice Sheet). This keeps your child interested and lets your child see how well the lesson is going.

2. Children like watching a pile disappear and knowing that when all the cards are gone, they can go play or have a treat. The child could drop each card in a bag or trash can after saying it right.

3. Let the child collect pieces of toys for each right answer (such as puzzle pieces, blocks, or any building materials). Give the child one piece for every one or two cards. When the child has all the pieces, the practice is over, and the child can play with them.

4. Your child may not understand why it is important to learn to speak more clearly. That's why **you** have to make practice fun. Follow each practice session with something your child likes to have or to do. Plan your session just before a special treat—going to Grandma's, the store, a friend's house, watching a special TV show or having a snack. Your child will think that sound practice comes before something fun. If the child does the sound practice well, the fun can begin.

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

NOTES TO PARENTS—ARTICULATION PROGRAM (continued)

5. Don't practice when your child is feeling ill, tired, or distracted.
6. Make sure the practice sessions are not too long or too often for your child. One or two fun, short sessions a day are much more effective than long practices that both of you dislike.
7. Use many different games and ways to work with the practice cards to keep your child interested. Your clinician will give you some games and ideas. They are important to use.
8. Plan a surprise treat after the practice session. Keep it a secret or your child may decide the treat is not worth the effort. It's nice to let your child choose the treat. Then you can be sure it's something your child really wants. If the lesson is very hard, you can let your child pick a small surprise out of a bag after every four or five cards. The child then gets to choose *the best surprise* at the end of the practice session to keep. You could let your child have a raisin or other treat after every four or five cards, but save them until the end of the session to eat.

Helping Children Hear Their Errors and Fix Them

You can't always be with your child to say, "That was good" or "You had better try that word again." It is very important that your child learn how the lips and tongue *feel* when saying the new sound. Sometimes the child also can *hear* the difference between the new and old sounds. This is called *self-monitoring*. After learning to do this, your child will start to use the new sound correctly more often when talking, not only in the practice sessions.

To teach your child to self-monitor, whenever your child gives an answer, ask if it sounded like the *new* sound or the *old* sound. Praise your child for knowing which sound it was, even if the word was wrong. *Then* tell your child what you thought of the sound, and talk about how it sounds or feels to make the new sound. For example, "That was your old sound. Try putting your tongue all the way in the back for *k*." Your clinician will give you hints like this to tell your child.

Give extra praise if your child says a word wrong, but fixes it before you say anything. *Self-correcting* is a sign that your child is learning to listen to the sound. Soon, your child will start to use the new sound in more times and places, even when you're not there.

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

LESSON PLAN FOR ARTICULATION

Child _____ Clinician _____ Parent or Aide _____ Date _____

Lesson	Goals	Parent or Aide Demonstration		Materials/ Activity	Clinician Demonstration		Materials/ Activity	Session Summary and Home Assignment
		Lesson	Data		Lesson	Data		

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

HOME PRACTICE SHEET

Child _____ Parent/Aide _____ Sound _____ Clinician _____

Date	Lesson	Picture Card Number 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total Correct	Comments (difficult words, other problems)

1. If your child goes through a lesson three times with at least 90% (18 out of 20) correct responses, *go on* to the next lesson.
2. If your child goes through a lesson three times with 50% (10 out of 20) or less correct responses, *go back* to the previous lesson and call your clinician.

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

HOME PRACTICE CHART

Child _____ Date _____ to _____ Sound _____ Parent or Aide _____

Count on your fingers or in your head until your child uses the new sound ten times correctly in sentences. Then write the total number of times your child tried to say the sound to get the ten correct on the blank.

Activity/Place	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____
	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____
	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____
	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____
	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____
	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____	10 of ____

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

LIST OF CHILD'S PREFERENCES

Child _____ Parent or Aide _____ Clinician _____

Please list your child's favorite foods, toys, activities, places, and people. List as many as you can. List items from most to least favorite in each group.

Favorite Foods

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Favorite Toys

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Favorite Things to Do

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Favorite Places to Go

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

List other adults or older children with whom your child spends time, things they do together, and words they use.

_____

_____

_____

_____

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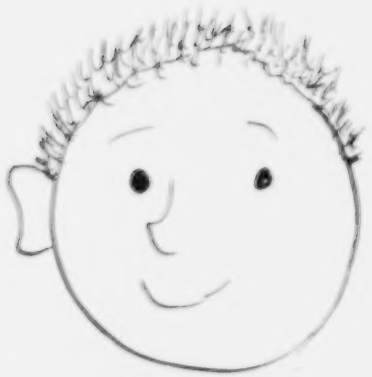
ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

HOME PRACTICE MARKING PAGE – FINISH THE FACES



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HOME PRACTICE MARKING PAGE – PLANT A GARDEN

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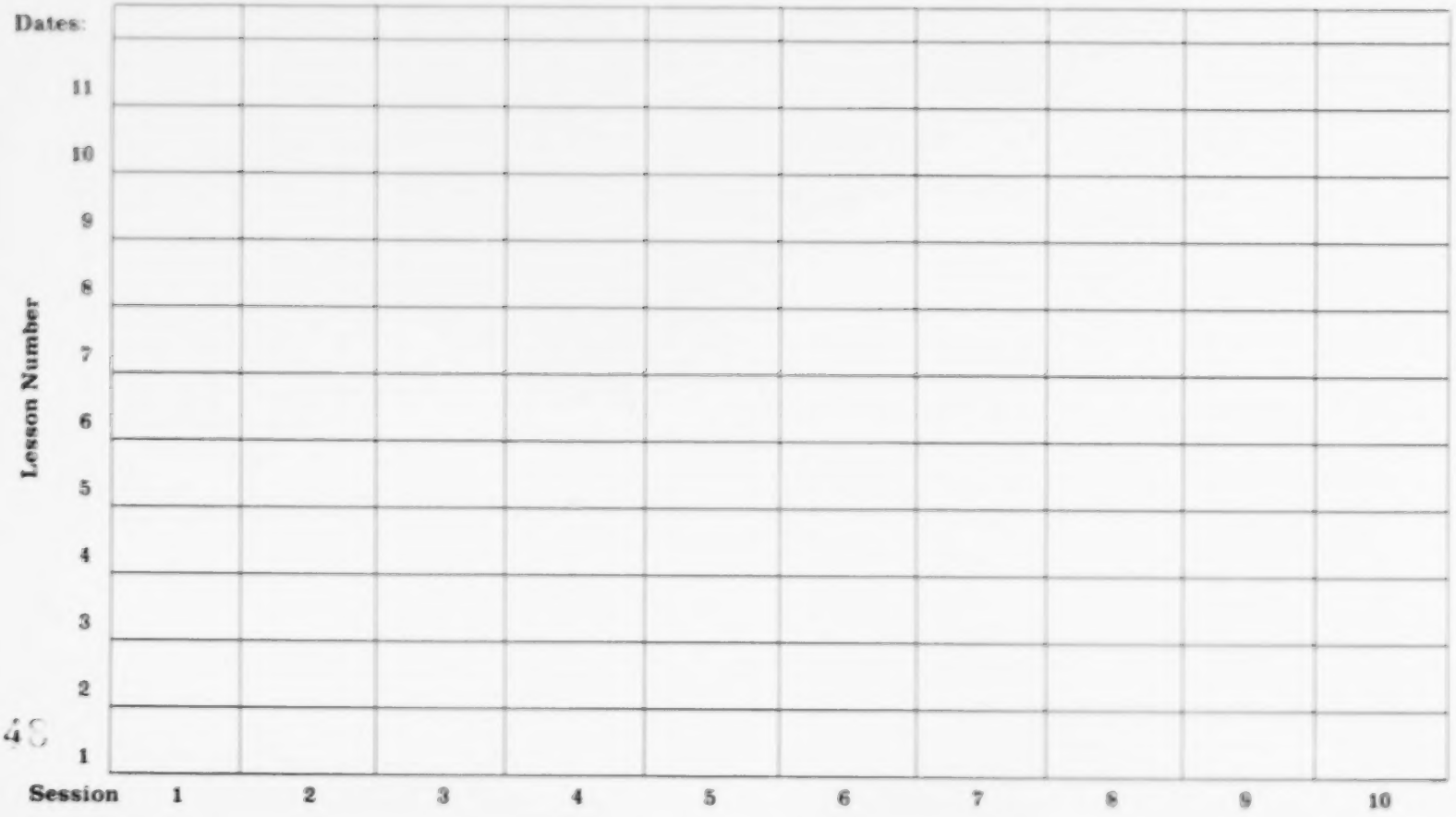
ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

CLINICIAN'S PROGRESS GRAPH

Child _____ Date _____ Goal _____

Parent or Aide _____ Clinician _____

If you wish, you can complete this chart like a bar graph. Each week, have the child color up to the last lesson completed. Instead, you may wish to enter the percentage achieved on all lessons practiced during that week.



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Adapting the Articulation Program for Phonological Disorders

This section describes how to adapt the articulation program to treat phonological disorders using Hodson and Paden's (1983) approach. Except for the modifications noted here, the program is the same as the one outlined in the preceding section. Unless otherwise indicated, you will use the reproducible materials in the preceding section, and your sessions will be similar to the sessions described previously. The motivational activities are also applicable for phonological treatment.

Target Population: This adaptation of the program is intended for children who use phonological patterns typical of younger children or who have phonologically based speech patterns unique to themselves. These children may have the error sounds in their repertoire, but they do not yet use them in the correct contexts.

Evaluation: You can use any phonological evaluation instrument to determine goals for treatment.

Goals: You can use this program to target one or more phonological processes simultaneously or in rotation. First, develop a list of the child's phonological processes based on the test data. Then decide on a sequence of processes to target in treatment, taking into account interacting processes and those processes which have the greatest effect on intelligibility. Hodson and Paden (1983) recommend targeting a set of words representative of a different process every week or two weeks. Processes can be *recycled* during treatment, and the child can practice different examples of each process during each cycle.

For example, if you selected deletion of final consonants for remediation, a child could work on final bilabial stops for one or two weeks, final velar stops for a few weeks, then final fricatives for several sessions. There is a lesson plan form provided in this section specifically for phonological sessions.

Sequencing of Goals: Use lessons 1 and 2, and optionally 3, 4, 5, and 6 of the articulation program for phonological treatment. The Outline of a Typical Session Using Hodson and Paden's Approach describes the procedures to use in a session with a phonologically disordered child.

Progress through the Lessons: The criteria for progress through the lessons is the same as previously described. The aide can advance the child to the next lesson when the child achieves 90% accuracy on three sessions. (The sessions need not be consecutive.) The aide should move the child back to the preceding lesson when the child achieves 50% accuracy or less on three sessions. Because you will not know on which lesson the children will be working when they come in for their session with you, you should have materials prepared to work on any lesson. A list of suggested materials was given previously.

Training Aides: The group training session used for training aides in the articulation program can generally be used for teaching a phonological approach. The Notes to Parents—Phonological Approach at the end of this section describes the rationale and sequence of treating phonological disorders. It's helpful to discuss this information during the group training session and give the aides copies to take home. Because Hodson and Paden's approach utilizes at most lessons 1 to 6, you probably will decide not to present the more advanced lessons. A revised script of lessons—The Phonological Approach Lessons—is provided in this section. You may use the outline for the Articulation Program Lessons if you cross out the lessons that will not be used. Recordkeeping is optional in Hodson and Paden's approach. If you decide to ask aides to keep data, you can teach them to complete the Home Practice Sheet (see page 31).

OUTLINE OF A TYPICAL SESSION USING HODSON AND PADEN'S APPROACH

1. *Auditory Bombardment.* Select 5 to 15 words that are affected by the targeted phonological process. The child should wear an amplification device, such as an auditory trainer with earphones. Let the child play quietly and have the aide read the selected words, either in a list, in phrases, or in sentences (auditory bombardment). The child should listen without saying the words.

2. *Probe.* Conduct a *probe* to check stimulability of words proposed for the next week's treatment session.

3. *Picture Cards.* Have the child and aide make picture cards representing the words selected for the session. This creative activity includes talking about the words and encouraging the child to use the words.

4. *Demonstrate Lessons.* Next use the picture cards and the motivational activities to demonstrate the appropriate lessons for the aide to do independently in outside practice sessions.

5. *Repeat Auditory Bombardment.* At the end of the session repeat the auditory bombardment; have the aide read the day's selected words again while the child listens under amplification.

6. *Daily Auditory Bombardment.* Ask the parent to provide auditory bombardment daily at home and to do the activities demonstrated in the session with the child at home.

Phonological treatment can be conducted in individual sessions with the aide or in organized group therapy. In individual sessions, the aide works with you, participating in all activities. You should then ask the aide to duplicate the activities at home. For a group of aides and children, you can organize different activities, such as auditory bombardment or games, at different *stations*. The children work on some activities as a group and for others go to separate tables with their instructor to work on individual activities.

ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

NOTES TO PARENTS—PHONOLOGICAL APPROACH

What to Expect

The first time you bring your child to the speech-language pathologist, the clinician will test your child to find out what sounds are a problem and to see what cues or instructions help your child the most. You will be shown how to use these cues and how to hear your child's correct and incorrect sounds. The clinician also will show you ways to make home practice enjoyable.

You will be the main person to practice with your child, and most of your child's practice will take place away from the clinic. You will need to practice for 10 or 15 minutes every day. You and your child will meet with the clinician once a week or once every two weeks. The clinician will evaluate how well your child is producing the sounds you're working on and will give you suggestions for your practice sessions. Then you'll be shown the next lessons to work on. The clinician will also give you ideas for games to keep your child interested in practicing.

How the Program Works

Look at the Phonological Approach Lessons you've been given. Basically the lessons involve asking your child to say one word and sometimes two-word phrases or short sentences.

Ways to Keep Your Child Interested

Your child may not understand the importance of learning to speak more clearly. For that reason, it's your job to make practicing as pleasant an experience as possible.

Link sound practice with something your child already likes to do or to have. For example, plan your session just before going to Grandma's, the store, or a friend's house, watching a special TV show, or having a treat. Children learn to associate the sound practice with something they enjoy. They are rewarded by getting or doing something *after* the practice is over. You become the person helping your child to complete a task so the fun can begin. You don't have to be a person making the child do something just for you.

Suggested Do's and Don'ts

Always practice *before* giving the child a treat or letting the child do a favorite activity. This way the practice becomes linked with something positive.

Be sure that the treat is *always* a surprise. Otherwise, your child might decide that it is not worth the effort, especially if the lesson is hard. For an especially difficult lesson, let the child pick a surprise out of a container every four or five responses and allow the child to pick *one* surprise to keep at the end of the session.

Don't practice when the child is ill, tired, or distracted. Don't practice too long or too often. One or two enjoyable short sessions a day are more effective than long ones in which both you and your child can become bored, restless, and frustrated. Use the practice cards and the motivational activities to make your sessions entertaining and enjoyable.

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

NOTES TO PARENTS – PHONOLOGICAL APPROACH (continued)

Helping Children Hear and Correct Their Own Errors

It's very important that children learn how the lips and tongue *feel* when they make a new sound. Sometimes children also can *hear* the difference between the old and new sounds. Before you say how good a sound was, always ask the *child* first if it felt right or sounded like the new sound. Then give the child your evaluation.

Give extra praise if your child says a word or sound wrong but then immediately fixes it without your help or cue. Listening to yourself speak is called *self-monitoring* and correcting yourself when you don't say something right is called *self-correction*. If your child can self-monitor and self-correct in your sessions, it will be much easier for your child to learn to say the sound in other situations when you're not there.

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS
LESSON PLAN FOR PHONOLOGICAL APPROACH

Child _____ Clinician _____

Parent or Aide _____ Date _____ Process _____

1. Parent or aide demonstration of current lesson:

   Materials or Activity: _____

   _____

2. Auditory bombardment with new stimuli:

   Materials or Activity: _____

   Word List: _____

3. Card child draws for new words:

4. Child, clinician, and parent or aide use motivational activities as they play with the new and some review cards.

   a. Materials or Activities: _____

      Data: _____

   b. Materials or Activities: _____

      Data: _____

   c. Materials or Activities: _____

      Data: _____

5. Words to probe for next session's goals:

Word List	Data	Word List	Data

6. Repeat auditory bombardment with new stimuli:

   Materials or Activity: _____

7. Materials and activities for parent or aide and child to take for home practice.

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

PHONOLOGICAL APPROACH LESSONS

	Parent/Aide	Child	Parent/Aide
Lesson 1 1 word with model	Hold picture by your face. Tell child to say one word: "Say **car**"*	Says one word: "**car**"	+ Praise - "Try again."
Lesson 2 1 word without model	Show picture and ask a question: "What's this?"	Says one word: "**car**"	+ Praise - "Try again."
Lesson 3 2 words with model	Show picture. Tell the child to say two words: "Say a **car**" "Say my **car**" "Say I **can**."	Says two words: "a **car**" "my **car**" "I **can**."	+ Praise - "Try again."
Lesson 4 2 words without model	Show picture and ask a question: "Whose is this?" "What's this?" "What do you see?"	Says two words: "my **car**" "a **car**" "some **candy**"	Help child self-monitor. Have child judge whether each word was good or bad. + Child puts card in a *good pile*. You praise. - Child says word 3 to 5 times. You praise when correct.
Lesson 5 Same short phrase for each word after model	Show card and tell child to say a phrase: "Say I see a **car**." "Say I found a **car**."	Says the phrase: "I see a **car**." "I found a **car**."	+ Praise - "Try again."
Lesson 6 Same short phrase for each word without model	Ask child a question: "Do you see anything?" "Tell me about the next card."	Turns over card and says a phrase: "I see a **car**." "I found a **car**." "Here's a **car**." "I need a **car**."	Help child self-monitor. + Child puts card in a *good pile*. You praise. - Child says word 3 to 5 times. You praise when correct.

*Car and other words are used only as examples.

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Adapting the Articulation Program for Intelligibility Disorders

This section describes how to adapt the articulation program to treat children who have poor intelligibility due to generally imprecise speech. Except for the modifications noted here, the program is the same as the articulation program. You may use the reproducible materials in the articulation section and the motivational activities unless otherwise indicated. There is a special sequence of lessons, entitled Lessons for Improving Intelligibility, to use for intelligibility disorders. This form may be reproduced for aides. The intelligibility lessons have been adapted from Shine's (1980) fluency program and focus on activities a child typically engages in.

Target Population: This program is appropriate for children whose speech is made less intelligible because of a suprasegmental problem, such as rapid speech, imprecise articulatory contacts, or a speaking voice that is monotone or too low in volume.

Evaluation: Use any measure of intelligibility. Any connected speaking task you can repeat over time is appropriate. A specific measure used as part of the Magnera, Hartmann, and Neilson study (1986) involved asking children to talk about pictures in a book. The clinician used no content words from the pictures during the sample and made only neutral comments, questions, or requests, such as, "What happened next?" or "What's going on here?" A minimum of 50 of the child's words were audiotaped then transcribed by someone who did not know the child or the book. The child's intelligibility score was the number of words in the 50-word sample that the listener was able to understand. The sample was also analyzed to evaluate the specific reasons for the intelligibility problem.

Goal: The goal of the intelligibility program is to alter the inefficient and ineffective suprasegmental aspects of a child's speech. Often in an attempt to avoid or hide an articulation or phonological problem, children will cover their mouths or speak softly, rapidly, or in a monotone. Their articulatory contacts also may be imprecise. One or several of these problems can be targeted for remediation.

Experiment with various articulation and voice techniques to see if they improve intelligibility. Determine whether the child can respond to any cues, for example, saying, "speak slowly" or "I want to hear you better" or gesturing, for example, cupping your ear. Eventually a nonverbal cue should be established so the instructor can remind the child to alter a speaking style without interrupting the flow of speech.

Sequencing of Goals: Typically give priority to the suprasegmental problems that are interfering most with a child's intelligibility. Intelligibility goals may be worked on concurrently with articulation or phonological goals.

Entry into the Program: After you analyze the child's 50-word sample or assess intelligibility in some other way, select the goal(s) for improving the child's intelligibility. Then attempt intelligibility lesson A, describing a page of a book in short sentences. This is the child's entry point if the child can follow your directions or cues and can speak clearly in imitative responses at the sentence level. Some children may need to go back to the phrase or even the word level before they can apply the requested changes in their speaking styles, such as talking louder, more slowly, or with more careful articulation. If this is the case, begin training with the articulation program lessons 3 and 4 or 1 and 2 respectively. Continue through the articulation program lessons in sequence until the child can move to intelligibility lesson A.

Exit from the Program: Continue through the lessons for improving intelligibility until, by lessons D and E, the child remembers to use (by the aide's report) the more intelligible style of speaking in familiar situations. Before terminating the intelligibility lessons, the child must be able to improve speech intelligibility easily and consistently in response to an instructor's nonverbal speech cues.

The intelligibility lessons are adapted from the Shine (1980) fluency program, which includes activities children often engage in. The examples in the Lessons for Improving Intelligibility chart

demonstrate how to use the intelligibility program for a child with a rapid rate of speech. In these examples, the aide cues the child to use *turtle talk*, or slow speech, in gradually more challenging and distracting situations.

Ask the parent to make lists of the child's speaking environments and opportunities for trips outside the home. A reproducible page, List of Child's Favorite Activities is included in this section. From these lists you and the aide can plan the role plays used in lessons D and E. Natural, conversational turn-taking is included in all aspects of the program. Lesson A is imitative, but in all the other lessons the child responds with utterances that are *similar* to the aide's but are meaningful, conversational turns. After you demonstrate role-play situations to the aide, let the aide take over completely. Teach the child to respond to nonverbal cues by using them concurrently with the verbal cues and thereby associating them with the verbal cues. Nonverbal cues are preferable because they interfere less with natural conversation than do verbal reminders. A good way to make cues comfortable for, and acceptable to, children is to explain that the *adult* has a problem understanding people. Ask the child to *help* the adult by talking more slowly, louder, or very carefully. Some specific nonverbal cues that you can use are

1. A slow horizontal movement of the hand (indicating *turtle talk*, or *talk more slowly*)
2. Cupping a hand behind an ear (*talk louder* or *let me hear all the words.*)

MATERIALS

Stimulus materials can be objects, games, magazines, books, or commercial picture cards. For lessons C, D, and E, ask parents to bring objects from home to use with your materials in role-play situations. You should keep a collection of these materials on hand to use in the sessions if the parent does not bring materials. Using materials from the child's outside speaking environments may improve the generalization of the child's new speaking pattern.

DESCRIPTION OF A SESSION

The intelligibility lessons will follow the same format as the articulation program lessons. See the Outline of an Initial Session and Outline of a Typical Weekly or Bimonthly Session in the section on the articulation program. In the initial sessions of the program, you need to monitor carefully how aides model sentences and how they evaluate their child's acceptable and unacceptable speech. Aides often inadvertently model unnatural or *clinic-y* speech in their attempts to exaggerate the faulty aspect of the child's speech. The child may return to the next session with inappropriately slow, loud, melodic, or precise speech. If aides are actively involved in the initial as well as subsequent sessions, you can evaluate their modeling and discrimination skills and avoid such problems. You can use the lesson plan in the articulation section to plan intelligibility lessons as well (see page 30).

DATA COLLECTION

Aides should work with a child until the child can make ten correct responses (*ten conversational turns*) using the cues given by others. The aide may advance the child to the next lesson when the child requires no more than twelve conversational turns to make ten correct (fully intelligible) responses during three lessons. (The lessons need not be consecutive.)

The Home Practice Chart (page 32) is the most convenient recordkeeping form to use. Explain this form to the aide during the initial session and be sure the aide can complete it correctly.

TRAINING THE PARENT OR AIDE

For the intelligibility program, it is better to train aides individually with their children rather than in groups because each child will have different cues and different goals. Notes to Parents—Intelligibility Lessons explains the lessons. Give the aide copies of these notes and the Lessons for Improving Intelligibility only after you have fully discussed and demonstrated the lessons in person.

ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

NOTES TO PARENTS—INTELLIGIBILITY LESSONS

1. Children's speech is often unclear because of the general way they speak rather than because they say individual sounds wrong. You can help them improve the way they speak.

2. Children like to help adults. Children like to be told that what they say is interesting and that the adult doesn't want to miss anything. You can ask a child to *help* you or other adults hear or understand better by talking a little louder, more slowly, or more carefully.

3. Your clinician will teach you words or gestures you can use to remind (cue) your child how to speak more clearly. Use these cues every time you practice. At first, your child will need both the word *and* gesture cues. For example, cup your hand behind your ear and say, "I want to hear you better." Later, you will need to use only the gesture cue. The gesture cues are better reminders once your child learns them because they don't interrupt or embarrass a child during a conversation as a word cue would do.

4. Make a list of the situations in which your child talks during a typical day and week. For example, at breakfast or while doing homework. Your clinician will give you a form you can use to do this. Use these situations for home practice and in the sessions with your clinician.

5. A speaking turn is correct when your child follows the cue you have given for that turn. Even though the child may not have pronounced some words perfectly, the turn is still correct if the child responded to your general instruction. Your clinician will talk with you and agree on how a correct response should sound.

6. Continue practice sessions on a lesson until your child takes ten speaking turns using the clear speech. You can count the ten correct sentences in any way your child can easily see, for example, on your fingers. Record on the Home Practice Chart the total number of speaking turns it took your child to reach ten correct turns.

   When your child has gone through a lesson three times taking no more than 12 turns to complete 10 correct turns, go on to the next lesson.

   If your child takes 20 or more turns to get 10 correct turns (that is, 50% or more of the speaking turns are incorrect), you should go back a lesson. You may need to call your speech clinician to get some suggestions on how to help your child with a particular lesson.

7. Speak naturally. The more naturally you speak, the more natural your child will sound.

8. The activities in the lessons usually will keep your child interested. However, if a lesson seems to be especially difficult, you can offer your child a reward for getting the ten correct speaking turns. Let the child know that you have a *surprise* but without saying what it is until the end of the session. The child might decide the treat is not worth the effort involved. Try to be positive and excited when your child uses good speech. Then your child will feel good about speech and speech practice. To make the lessons more enjoyable, you can plan a practice time to come before something your child wants to do, such as going out to play or watching a TV show.

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

NOTES TO PARENTS—INTELLIGIBILITY LESSONS (continued)

Special Comments about the Lessons

Lesson A: In part one you and your child read a book together. After you say a sentence, you ask the child to repeat the same sentence, reminding the child how to speak more clearly. In part two you read another sentence and ask the child to make up a sentence about what you are reading.

Lesson B: You and your family play a game you like (such as *Go Fish*). It should be a game that requires players to say something. ("I don't have that card, go fish.") All players have to say this line as they take a turn. Your child must use the new speech pattern for every turn.

Lesson C: At your session with the speech clinician, you and your child role-play an activity that the two of you regularly do together (maybe setting the table or making sandwiches). Then outside the clinic when you are actually doing that activity, use the reminder cues with the child while talking. Encourage your child to use the new, clearer speech style.

Lesson D: Now add other activities during which the child practices clear talking. These should be less routine activities. Gradually your child will learn to speak clearly in many situations.

Lesson E: Now you role-play and practice in situations that occur outside the home. You could go shopping or practice while driving in the car with your child.

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

LESSONS FOR IMPROVING INTELLIGIBILITY

Lesson	Parent or Aide	Child	Parent or Aide
Lesson A: Reading a Book	1. Reads a short sentence modeling the speech the child needs to learn, for example, slow *turtle talk*; or describes a picture in a picture book.	Imitates sentence.	+ Gives praise, saying what was good about the speech *good turtle talk*. Lets child turn the page. - "Try again" and the child can't turn page.
	2. Reads another sentence or describes a picture and cues the desired speech pattern.	Makes up own sentence about that page or the next page.	
Lesson B: Playing a Game	Says an appropriate sentence when taking a turn in the game. ("Do you have any 2s?" in *Go Fish*.)	Says the appropriate sentence while taking a turn.	- Gives praise, saying what was good about the speech. - Tells the child, "You lose a turn" and gives an example of good speech.
Lesson C: Routine Home Activity	1. Role-plays routine activity in session with clinician. 2. Does this activity at home with child, cuing good speech.	Takes turns in conversation using good speech.	Helps keep the activity going. + Gives praise. - Places a hand on the child to stop the activity until the child gives more intelligible response.
Lesson D: Other Home Activities	1. Role-plays other home activities in session with clinician. 2. At home, takes turns talking with child during activity, cuing good speech.	Takes turns in the conversation using good speech.	Helps keep the activity going. + Gives praise. - Places a hand on the child to stop the activity until the child gives more intelligible response.
Lesson E: Activities Outside the Home or Clinic	1. Role-plays activities in session with clinician. 2. Goes on trip or does other activity with the child. Takes turns in conversation modeling good speech.	Takes turns in conversations using good speech.	+ Continues activity and gives praise - Gives gesture cue for good speech. Interrupts activity if necessary

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ARTICULATION TRAINING PROGRAM FOR PARENTS AND PARAPROFESSIONALS

LIST OF CHILD'S FAVORITE ACTIVITIES

Please list things your child enjoys doing to help yourself and your clinician plan your child's lessons. Ask your child to help you fill in this page.

Books your child likes to read or look at.

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____
9. _____ 10. _____

Board games your child likes to play. Choose games that require talking.

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____
9. _____ 10. _____

Activities at home during which your child talks a lot.

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____
9. _____ 10. _____

Places your child likes to go with you.

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____
9. _____ 10. _____

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List of Games

Games that Require Minimal Preparation

Games	Lessons	Age P = preschool S = school age	Needs Materials	M = Movement T = Table top, floor
1. Blindfolds	1-8	P,S	Y	T
2. War	1-9	P,S		T
3. Slap	1-8	P,S	Y	T
4. What Am I Hiding?	1-8	P,S		T
5. Description Bingo	1-8	P,S		T
6. Rug Lotto	1-8	S	Y	T
7. Footsteps	1-8	P,S	Y	M
8. Go Find	1-8	P,S		M
9. Loony Tunes	1-4	P,S		T
10. Tell a Silly Story	1-4	P,S	Y	T
11. Puzzle Cards	1-8	P,S	Y	T
12. Pick Up the Cards	1-8	P,S		T,M
13. Let's Pretend	1-8	P,S	Y	M
14. Let's Tell a Fairy Tale	5-9	P,S		T
15. Where Is It Hiding?	1-8	P,S	Y	T
16. What Am I?	1-8	P,S	Y	M
17. Action Circle	1-8	P,S		M
18. Do You Remember?	1-8	P,S		T
19. Load 'Em Up	1-8	P,S	Y	M
20. Go for a Walk	1-8	P,S	Y	M
21. Beanbag Toss	1-8	P,S	Y	M
22. Pull out a Card	1-8	P,S	Y	T
23. Put the Cards Away	1-8	P,S	Y	T
24. Toss the Card	1-8	P,S	Y	M
25. String 'Em	1-9	P,S	Y	M
26. Telephone	1-9	P,S	Y	T
27. Say It This Many Times	1-4	S	Y	T
28. Spin the Bottle	1-9	P,S	Y	T,M
29. Draw a Person	1-9	S	Y	T
30. Hopscotch	1-8	P,S	Y	M
31. Playing a Board Game	1-8	P,S	Y	T
32. Silly Restaurant	1-8	P,S	Y	T,M
33. Tossing	1-9	P,S	Y	M
34. Letter Carrier	1-9	P,S	Y	T, M
35. Treasure Chest	1-9	P,S	Y	T

Games that Require Advance Preparation

Games	Lessons	Age P = preschool S = school age	Needs Materials	M = Movement T = Table top, floor
36. Tic-Tac-Toe	1-8	S	Y	T
37. Surprise Card	1-8	P,S	Y	T
38. Find the Number	1-9	P,S	Y	T
39. Spin and Move	1-8	S	Y	T
40. Milk Carton Dice	1-8	S	Y	T,M
41. Milk Carton Slide	1-8	P,S	Y	T
42. Up to Bat	1-9	S	Y	M
43. Stand-up Box	1-9	P,S	Y	T
44. Hanging Ornaments	1-8	P,S	Y	M
45. Let's Go Fishing	1-9	P,S	Y	M
46. Pocket Fish	1-9	P,S	Y	T
47. Peekaboo	1-8	P,S	Y	T

Games You Play with Paired or Double Cards*

48. Blackout Bingo	1-9	S	Y	T
49. Fish	1-8	S	Y	T
50. Concentration	1-8	S	Y	T

***How to make paired cards:**

You have several options:

1. Photocopy the cards. You can photocopy several cards on one sheet and cut them apart.
2. Draw a second set of cards.
3. Draw the same shape or symbol on the picture side of any two cards to make a pair. Although the pair has different pictures, the shape will show that they are a pair.

Games to Keep Interest in a Session

51. Three or Four Piles Are Better than One	1-9	P,S		T
52. The Old Bean Transfer	1-9	P,S	Y	T
53. Play a Favorite Game	1-9	P,S	Y	T
54. Follow the Dots	1-9	P,S	Y	T
55. Puzzle Pieces	1-9	P,S	Y	T
56. Mark Your Own Way	1-9	P,S	Y	T
57. Make a Square	1-9	P,S	Y	T
58. Let's Make a Monster	1-9	P,S	Y	T

Motivational Activities

You may photocopy any of these pages to give to aides for home practice. It is a good idea to demonstrate the game or activity in the session before giving the instruction sheet to the aide, especially if that person has a low reading level.

1. BLINDFOLDS

Materials: cards; a blindfold or scarf

Procedures

1. Blindfold the child (on odd-numbered lessons) or yourself (on even-numbered lessons).

2. Arrange the cards in front of the blindfolded person.

3. The nonseeing person gropes for a card and picks it up.

4. The seeing person names the card in a word, phrase, or sentence. Here are examples:

   For lessons 1 and 2, say the word

   For lessons 3 and 4, say "a _____."

   For lessons 5 and 6, say "It's a _____."

   For lessons 7 and 8, say "You turned over a _____."

5. The blindfolded person repeats the phrase or sentence using the pronoun *I*:

   Seeing person: You turned over a _____.

   Blindfolded person: I turned over a _____.

   If you are the blindfolded person, you can say the practice word exactly as the child said it to see if the child can correct words that were said wrong.

6. Remove that card and continue the game.

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2. WAR

Materials: cards

Procedures

1. Number all the cards.
2. Deal the cards face down so that all players have an equal number.
3. All players turn over their top card at the same time.
4. The child should name all the cards (lessons 1 and 2), or talk about them in a phrase (lessons 3 to 6), or a sentence (lessons 7 and 8).
5. Compare the numbers on the cards. The person with the highest number wins the cards. Keep playing until one player wins all the cards.

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3. SLAP

Materials: cards; extra blank cards

Procedures

1. Select the word that is most difficult for the child and make five or six copies of that card.
2. Show the child which card you copied.
3. Mix the copies in with the other cards. Put all the cards face down in a pile.
4. Turn over one card at a time.
5. The object is to be the first person to put your hand down on the special cards as they appear. Whoever slaps the pile first wins all the cards in the pile.
6. The child must name each card as it is turned over (lessons 1 and 2), or talk about it in a phrase (lessons 3 to 6), or a sentence (lessons 7 and 8).
7. Keep playing until one player wins all the cards.

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4. WHAT AM I HIDING?

Materials: cards

Procedures

1. One player puts a card on the table so it is almost completely covered by another card.

2. The other player tries to guess what the picture is as it is slowly uncovered. The player must phrase the guess in a word, phrase, or sentence, depending on the lesson. Here are ideas:

   For lessons 1 and 2, say the word.

   For lessons 3 and 4, say "a _____."

   For lessons 5 and 6, say "It's a _____."

   For lessons 7 and 8, say a sentence about the pictured word.

3. You should be the guessing player on odd numbered lessons, and the child should repeat what you say. On even numbered lessons, the child should guess.

Variations:
You can hide each card behind a stuffed animal, vehicle, toy barn, or yourself and slowly reveal it.

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5. DESCRIPTION BINGO

Materials: cards

Procedures

1. Lay out the cards face up in a rectangle. You can use all the cards or only half of them.

2. Describe one of the cards. For example, "Turn over the one you cook with."

3. The child turns over that card and names it in a word, phrase, or sentence.

   For lessons 1 and 2, say the word.

   For lessons 3 and 4, say "a _____."

   For lessons 5 and 6, say "It's a _____."

   For lessons 7 and 8, say "I _____ with a _____."
   (I cook with a stove.)

4. On odd numbered lessons you should say the word, phrase, or sentence first. Then the child can repeat it.

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6. RUG LOTTO

Materials: cards; scissors; a bag; a rug or towel; chalk

Procedures

1. Cut one corner off half the cards, then put all the cards in a bag.

2. The clipped cards will belong to one player and the whole cards to the other.

3. Use the chalk to divide the rug or towel into two sides. Each side should hold at least ten cards. One side will be for your cards, the other for the child's. Now, divide each side into smaller squares, each the size of one card.

4. In odd numbered lessons you draw a card from the bag. In even numbered lessons the child draws the card. Then name or describe it in a word (lessons 1 and 2), a phrase (lessons 3 to 6), or a sentence (lessons 7 and 8).

5. Then the child covers one square on the correct side of the rug with the card.

6. When all the squares on one side are filled, that player wins. The child continues talking about the cards until all the squares on both sides are full.

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7. FOOTSTEPS

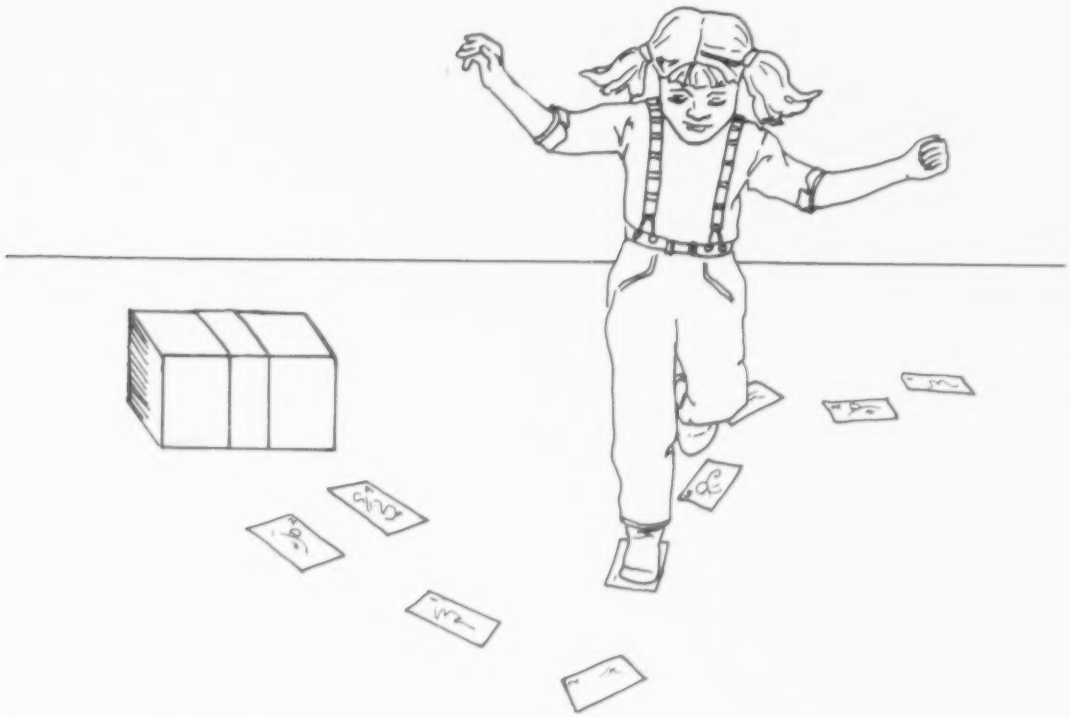
Materials: cards; a small surprise; a bag or box

Procedures

1. Lay the cards out in a trail leading to a treat hidden in a bag or box.

2. The child says a word (lessons 1 and 2), a phrase (lessons 3 to 6) or a sentence (lessons 7 and 8) about the first card. The child steps on the card *only* after saying that word correctly. Tell the child to try again if the word is not correct.

3. The child continues describing the cards then stepping on them to reach the surprise at the end.



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8. GO FIND

Materials: cards

Procedures

1. Lay out all or some of the cards face up on the floor. One of you will tell the other to go find a card in this way:

   For lessons 1 and 2, say the word.

   For lessons 3 and 4, say "a _____" or "get _____."

   For lessons 5 and 6, say "Go find a _____."

   For lessons 7 and 8, say any sentence using the word.

2. You ask for the cards on odd-numbered lessons, then have the child repeat your request before getting the card.

3. On even-numbered lessons the child asks for the cards, and you get them.

4. Continue until all the cards have been picked up.

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9. LOONY TUNES

Materials: cards; a bag (optional); nursery rhymes or children's songs

Procedures

1. Use this game for lessons 1 to 4.
2. Put the cards in a bag or, if you don't have a bag, put them face down in a pile.
3. Recite a song or nursery rhyme. Pause every line or so and leave a word out.
4. The child picks up a card and inserts that word or phrase into the silence, making a silly sentence:

   Old MacDonald had a (*kite*); and on that (*kite*) he had a (*cow*).

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10. TELL A SILLY STORY

Materials: cards; a bag (optional); a book of children's stories

Procedures

1. Use this game for lessons 1 to 4.
2. Put the cards in a bag or, if you don't have a bag, put them face down in a pile.
3. Begin reading the story. Pause every line or so and leave a word out.
4. The child picks up a card and inserts that word or phrase into the silence, making a silly sentence:

   Once upon a time there were three little (kites) who lived in a (cow).

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11. PUZZLE CARDS

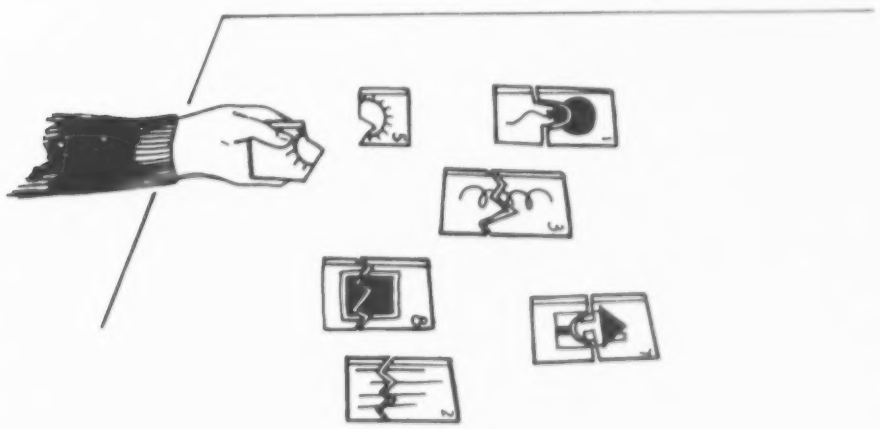
Materials: cards; scissors

Procedures

1. Cut each card into two or more parts to make them into puzzle pieces. You probably will want to copy the cards first or use this game on lessons 7 and 8. That way, you don't have to tape all the cards together for other games.

2. For young children, you can draw a colored line across each card before cutting it to help the child match the pieces.

3. The child finds the pieces to one card, puts them together, and says a word (lesson 1 and 2), a phrase (lessons 3 to 6), or a sentence (lessons 7 and 8) about it.



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12. PICK UP THE CARDS

Materials: cards

Procedures

1. Scatter the cards on a table or on the floor.
2. The child picks up each card after saying the word (lessons 1 and 2), or a phrase (lessons 3 to 6), or sentence (lessons 7 and 8) correctly.
3. The practice session is over when all the cards have been picked up.

Variation:
For a change, the child can tell you to pick up the cards. Many children love telling an adult what to do.

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13. LET'S PRETEND

Materials: cards; two chairs

Procedures

1. Pretend the chairs are a car in which you are taking a trip. Pretend the cards are the things you will take on your trip.

2. On even-numbered lessons, the child talks about the cards in a word, phrase, or sentence. On odd-numbered lessons, you tell the child what to repeat. Here are ideas:

   For lessons 1, 2, 3, and 4, list what will be taken on the trip.

   For lessons 5 and 6, say a short sentence such as "I'll take a _____" or "I'll need a _____."

   For lessons 7 and 8, describe how you will use that thing on your trip.

3. As long as the child says the practice words correctly, the car keeps moving. If the child says a word incorrectly, the car gets a *flat tire*, which must be fixed.

4. Practice that word with the child until it is said correctly. Then the tire is fixed, and you can continue your trip.

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14. LET'S TELL A FAIRY TALE

Materials: cards

Procedures

1. This game works best for lessons 5 to 9.
2. Place some of the cards face up on a table. Start with a few cards, and gradually add more as the child learns this game.
3. Make up a story containing these words. You must use all the words on the table in the order they appear.
4. On odd-numbered lessons, the child can repeat your story phrase by phrase or sentence by sentence. For lesson 9, the child can make up an original story or retell your story after you finish.

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15. WHERE IS IT HIDING?

Materials: cards; a small picture, sticker, or penny

Procedures

1. Spread out the picture cards face up on a table.
2. On even-numbered lessons, hide the sticker, picture, or penny under one of the cards while the child is not looking.
3. The child tries to guess where the item is hidden in a word (lessons 1 and 2), a phrase (lessons 3 to 6), or a sentence (lessons 7 and 8).
4. On odd-numbered lessons, reverse the game. Have the child hide the item, and you ask where it is. The child repeats your guess before telling you if the item is hidden there.
5. Here are ideas for phrasing your questions:

   For lessons 1 and 2, say one word.

   For lessons 3 and 4, say "the _____ ?"

   For lessons 5 and 6, say "under the _____ ?"

   For lessons 7 and 8, ask, "Is the penny under the _____ ?"

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16. WHAT AM I?

Materials: cards; tape

Procedures

1. Display about five cards and have the child name them.
2. Then, take the cards away and tape one to the child's back.
3. The child guesses which picture is taped to his or her back. Here are possible phrases:

   For lesson 2 say "A _____."

   For lessons 4 and 6 say, "Am I a _____?"

   For lesson 8 say "Is there a _____ taped on my back?"

4. On odd-numbered lessons the child can tape a picture to your back. You guess what the picture is, and the child replies with, "Yes, you are a _____" or "No, you're not a _____."

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17. ACTION CIRCLE

Materials: cards; other players (optional)

Procedures

1. The players sit in a circle with the cards face down in the center.
2. One player draws a card. If the player can correctly say the word (lessons 1 and 2), phrase (lessons 3 to 6), or sentence (lessons 7 and 8), then that player gets another turn.
3. The player who says a word incorrectly stands in the center of the circle.
4. The player can get out of the circle only by saying the word correctly.

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18. DO YOU REMEMBER?

Materials: cards

Procedures

1. Set out the cards face up in a row. Put out four to ten cards at a time, depending on your child's memory capacity.

2. Once you and the child have seen the cards, turn them over without mixing them up.

3. Ask the child to guess the name of the picture to which you are pointing.

4. If the child guesses correctly and says the practice word correctly, the child keeps the card. The card is replaced on the table, face down, when the child is incorrect.

5. For lessons 5 and 6 use such phrases as, "It's a _____" or "I guess a _____."

   For lessons 7 and 8 ask the child to say a sentence about the card.

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19. LOAD 'EM UP

Materials: cards; surprise or treat (optional); a toy dump truck or other vehicle

Procedures

1. Lay the cards out face down in the shape of a road. It's nice to have a surprise or treat at the end of the road.

2. The child drives the dump truck (or other vehicle) down the road and loads each card into the truck after saying the word correctly in a word, phrase, or sentence. Remember to have the child repeat what you say on lessons 1, 3, 5, and 7. Here are ideas:

   For lessons 1 and 2, say the word.

   For lessons 3 and 4, say "a _____" or "load _____."

   For lessons 5 and 6, say "load a _____."

   For lessons 7 and 8, say "I'll load a _____ on the truck."

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20. GO FOR A WALK

Materials: cards; a little stand-up toy; surprise or treat (optional)

Procedures

1. Lay the cards out face up in the shape of a path. It's nice to have a surprise or treat at the end.

2. The child moves down the path by standing the toy on each card after saying the word correctly in a word, phrase, or sentence. Here are ideas:

   For lessons 1 and 2, say the word.

   For lessons 3 and 4, say "a _____."

   For lesson 5 and 6, say "step on a _____."

   For lessons 7 and 8, say "Can my toy step on a _____ ?"

3. Remember to have the child repeat what you say on odd-numbered lessons.

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21. BEANBAG TOSS

Materials: cards; two or three boxes, pans, or buckets; a bean bag (or soft ball or small pillow)

Procedures

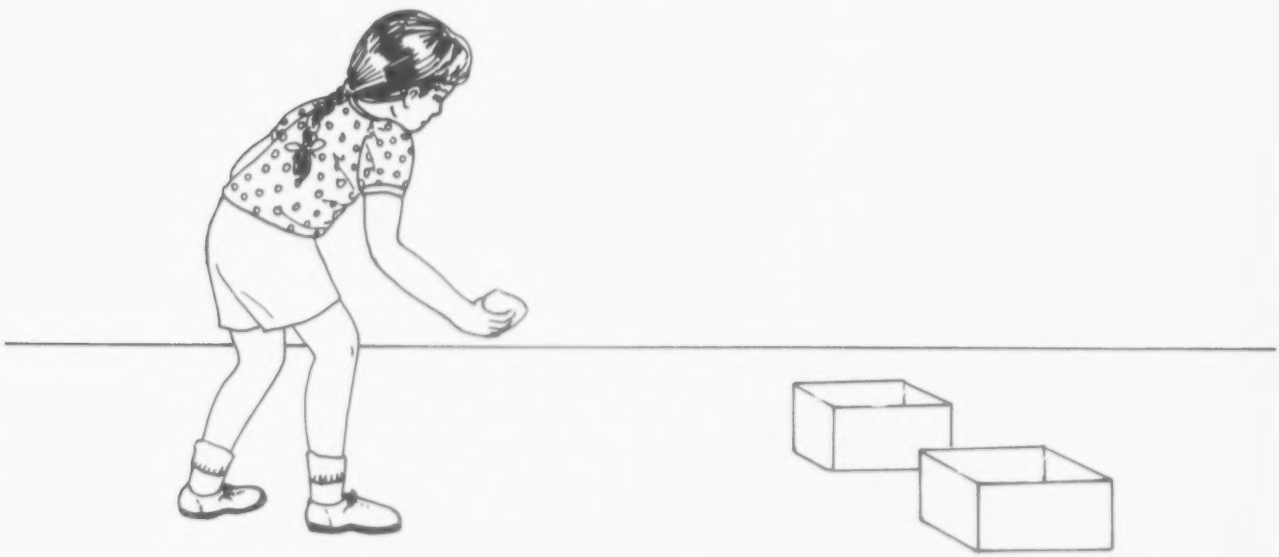
1. Divide the cards between the boxes, pans, or buckets.
2. Give the child a beanbag, soft ball, or small pillow to throw into one of the containers.
3. The child takes a card from the container in which the object landed and talks about it in a word, phrase, or sentence. Here are ideas:

   For lessons 1 and 2, the child says the word.

   For lessons 3 and 4, the child says "a _____."

   For lessons 5 and 6, the child says "It's a _____" or "I got a _____."

   For lessons 7 and 8, the child makes up a sentence describing the card.
4. The goal is to empty all the containers.
5. You can take a turn throwing, especially on odd-numbered lessons, in which the child repeats what you say.



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22. PULL OUT A CARD

Materials: cards; a bag or container

Procedures

1. Put all the cards in an unusual or silly container, or hide them under something like a blanket.

2. The child pulls a card out of the container and talks about it in a word (lessons 1 and 2), a phrase (lessons 3 to 6), or a sentence (lessons 7 and 8).

3. **Alternate containers:** a fancy shopping bag, a big bowl or pan, a favorite toy, the sleeve of a coat, or a drawer.

   Alternate places to hide cards: a pillow, a stuffed animal, or a book.

Variations of the game:
Put the cards between the pages of a book, or pin them with clothespins to a string stretched between two chairs.

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23. PUT THE CARDS AWAY

Materials: cards; a box with a slot cut in it or other container (bag, pillow, bowl, pan, toy, coat, or blanket)

Procedures

1. The child draws a card, practices the word, phrase, or sentence, then hides it in (or under) the container.

2. **Variations:** Make a mailbox by cutting a slot in a box. The child can pretend to mail letters while practicing. Have the child drop the cards in a large soup pot and stir them to make a crazy soup. You can talk about whether each item really belongs in soup.

3. Here are examples of phrases and sentences to use for lessons 3 through 8:

   For lessons 3 and 4, say "a _____ or "It's a _____."

   For lessons 5 and 6, say "I hid the _____"
   or "I mailed the _____."

   For lessons 7 and 8, say "I'll put the _____ in
   the (container) now."

   Remember that in lessons 1, 3, 5, and 7, you should say the word, phrase, or sentence first and have the child repeat it.

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24. TOSS THE CARD

Materials: cards; a large container or string or chalk

Procedures

1. Set the container about six feet from the child. You can make a circle with string or draw one with chalk instead of using the container.

2. The child talks about each card in a word, phrase, or sentence, then tries to toss the card in the container (or inside the circle). Here are possible phrases and sentences:

   For lessons 5 and 6, say "I threw the _____."

   For lessons 7 and 8, say "The _____ landed in the wastebasket (circle)."

   Remember that on odd-numbered lessons you say the word, phrase, or sentence first and have the child repeat it.

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25. STRING 'EM

Materials: cards; a hole punch; yarn, string, or wire

Procedures

1. Punch a hole in each card.

2. Cut a length of yarn, string, or wire. Knot it at one end. You may want to string a bead on the end to anchor the cards.

3. The child talks about each card in a word (lessons 1 and 2), a phrase (lessons 3 to 6) or a sentence (lessons 7 and 8).

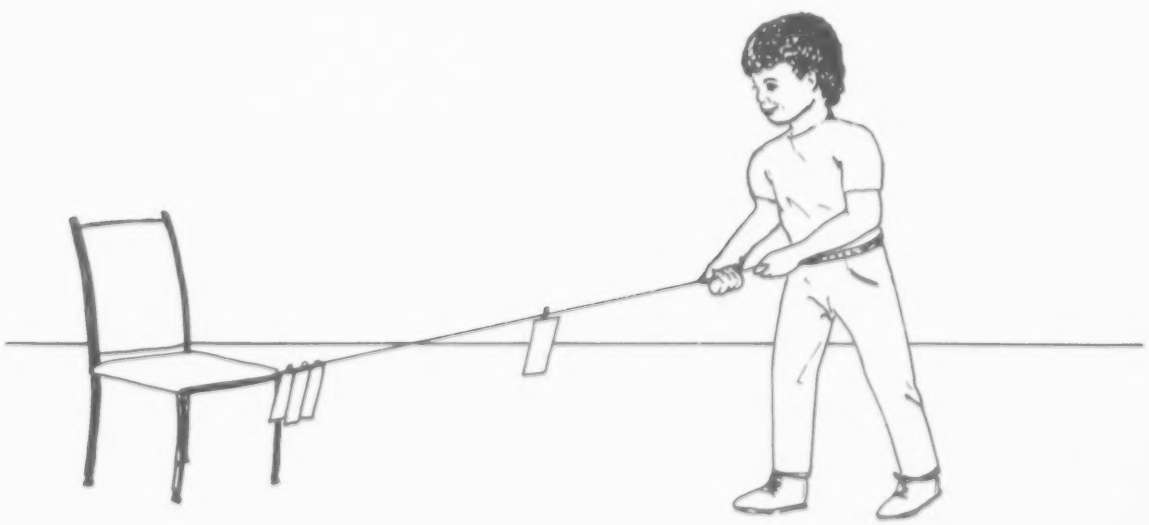
4. If the word on the card is pronounced correctly, the child can string the card on the wire. Here are possible phrases and sentences:

   For lessons 3 and 4, say "a _____" or "string _____ s."

   For lessons 5 and 6, say "Here comes the _____" or "Next is a _____."

   For lessons 7 and 8, say "I'll put a _____ on the string next" or any sentence describing the card.

5. To use this game for lesson 9, string small groups of cards onto a safety pin or shower hook. Then tell a story with all the cards on one pin or hook. You can also use beads to separate the cards on the line into groups.



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26. TELEPHONE

Materials: cards; a toy telephone

Procedures

1. Let the child talk about each card on a toy telephone in words (lessons 1 and 2), phrases (lessons 3 to 6), or sentences (lessons 7 and 8). For lesson 9, the child can make up a story about each card.

2. Here are some ideas:

   For lessons 5 and 6, say "Hi. I want a _____."

   For lessons 7 and 8, say "I'd like to order a _____"
   or "How much does a _____ cost?"

   Lesson 9: "Hello. I'm going to tell you a story.
   Once upon a time . . ."

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27. SAY IT THIS MANY TIMES

Materials: word cards; playing cards

Procedures

1. Use this game for lessons 1 through 4.

2. Select the cards numbered 2 through 5 from the pack of playing cards and shuffle them.

3. Put the picture cards face down in one pile and the playing cards face down in another.

4. The child turns over a picture card and a playing card at the same time. Then, the child must say the word (lessons 1 and 2) or a two-word phrase (lessons 3 and 4) the number of times shown on the playing card. Remember that in lessons 1 and 3 you should say the word or phrase first and have the child repeat it.

5. To add interest, have the child move one space along a game board for each time the word is said correctly. You can take turns drawing a playing card and moving around the board. You and the child race to the end.

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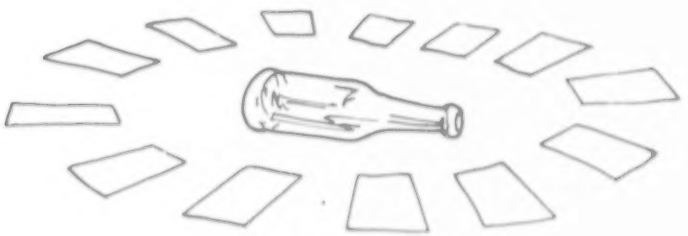
28. SPIN THE BOTTLE

Materials: cards; an empty bottle

Procedures

1. Place the cards in a circle on the floor.
2. Place the empty bottle on its side in the center of the circle.
3. You and the child take turns spinning the bottle and talking about the card at which the bottle points when it stops.
4. Remove the card from the circle if the child says the practice word correctly in a word (lessons 1 and 2), phrase (lessons 3 to 6), or sentence (lessons 7 and 8).
5. For lesson 9, the child spins the bottle to collect 3 or 4 cards then makes up a story about the cards.
6. To make the game go faster, you can place small piles of cards around the circle. Then the child talks about all the cards in the pile after spinning the bottle.



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29. DRAW A PERSON

Materials: cards; a blackboard or paper; chalk or crayons

Procedures

1. Place the cards face down in a pile on the table.
2. The child takes a card and says the word (lessons 1 and 2) or a phrase (lessons 3 to 6) or sentence (lessons 7 and 8).
3. If the practice word is said correctly, the child may draw one part of a person on the blackboard or piece of paper. If the word is not said correctly, you erase part of the person.
4. You can agree that the practice session will end when the child has drawn a certain number of parts on the person.
5. For lesson 9, the child can make up a story using several cards. After the story, the child can draw one body part for each word that was pronounced correctly.

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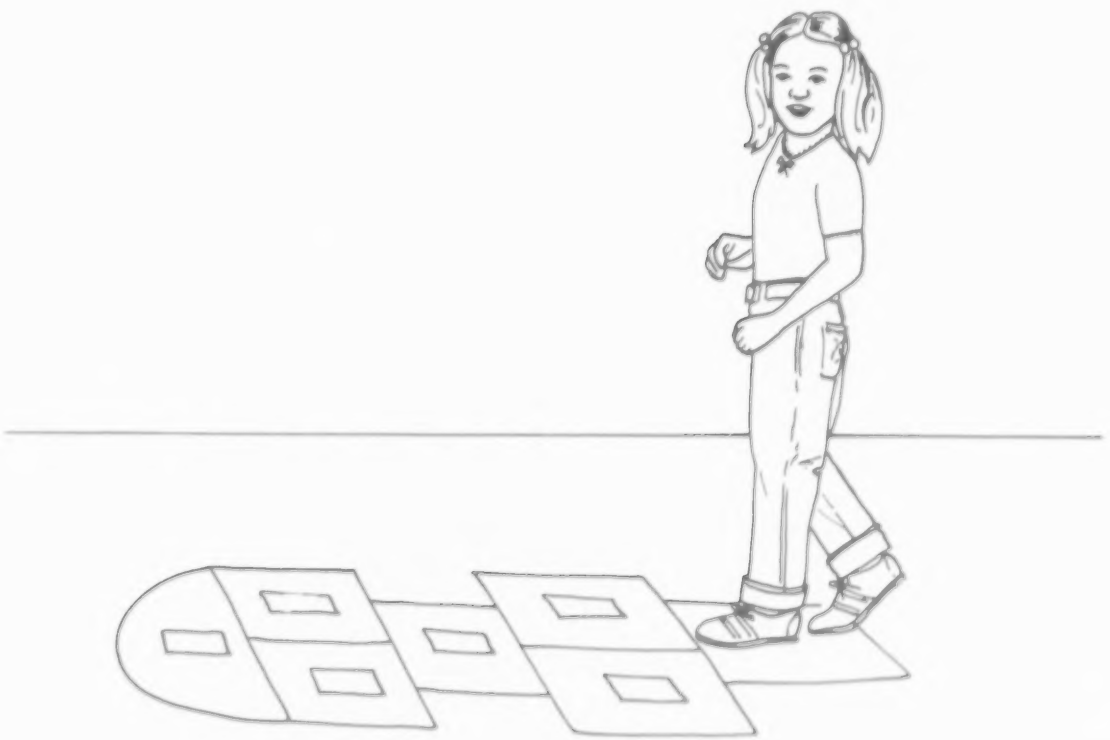
30. HOPSCOTCH

Materials: cards; chalk or masking tape

Procedures

1. Outline a hopscotch grid on the ground with chalk or masking tape.
2. Place one picture card in each square of the hopscotch grid.
3. The child talks about the card in the first square. If the word is said correctly, the child may hop there. The object is to hop all the way through the squares by saying the words (lessons 1 and 2), phrases (lessons 3 to 6), or sentences (lessons 7 and 8) correctly.



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31. PLAYING A BOARD GAME

Materials: cards; a board game with a spinner; game pieces

Procedures

1. Place the cards face down in a pile.

2. You and the child both play the game by the normal rules. However, before taking a turn, the child draws the top card and says that word, a phrase, or a sentence, depending on the lesson.

3. The child moves if the practice word is said correctly but loses a turn if the word is said incorrectly.

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32. SILLY RESTAURANT

Materials: cards; plastic or paper dishes and cups

Procedures

1. Set a table with the dishes and cups and pretend you are in a restaurant.
2. You pretend to be the waiter, and the child pretends to be the customer.
3. Show the child several cards, which you pretend are foods on the menu.
4. Take the child's order. The child speaks in single words, phrases, or sentences, depending on the lesson:

   For lessons 1 and 2, say the word.

   For lessons 3 and 4, say a color plus the word ("green salad" or "yellow sun").

   For lessons 5 and 6, say "I want a _____."
5. Serve only the cards that the child says correctly. The game continues until all the cards have been served onto the diner's plate.
6. You can reverse roles in the game. For lessons 1, 3, 5, and 7, place your order and have the child repeat it before giving you the card. For lessons 2, 4, 6, and 8, the child can ask what you want (for example, "Do you want a salad?").

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33. TOSSING

Materials: cards; a beanbag

Procedures

1. Place the cards face up on the floor.
2. Have the child throw a beanbag at the picture cards from about six feet away.
3. The child names the card to which the beanbag is nearest in a word (lessons 1 and 2), phrase (lessons 3, 4, 5, and 6), or sentence (lessons 7 and 8). If the child says the word on the card correctly, then the card is removed. If the child makes an error, the card remains on the floor.
4. For lesson 9, the child tosses the beanbag several times to collect cards to use in a story.
5. The goal of the game is to get all cards off the floor.

Variation
Place the cards in small piles of two or more to make the game go faster.

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34. LETTER CARRIER

Materials: cards; used envelopes

Procedures

1. Collect several used envelopes.
2. Place one or more picture cards in each envelope. These are letters.
3. You pretend to be a letter carrier and deliver the letters to the child.
4. The child opens the letter and *reads the letter* by saying a word, phrase, or sentence, depending on the lesson:

   For lessons 1 and 2, say the word.

   For lessons 3 and 4, say "from _____."

   For lessons 5 and 6, say "it's from _____."

   For lessons 7 and 8, say any sentence containing the word.
5. For lesson 9, put three or four cards in the envelope. The child makes up a complete letter using the words.

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35. TREASURE CHEST

Materials: cards; a box, hat, or treasure chest

Procedures

1. Put the cards in a box, hat, or treasure chest.
2. The child draws them out one at a time.
3. The child talks about the picture in words, phrases, or sentences, depending on the current lesson.
4. The card goes back into the treasure chest if the child does not say the practice word correctly.
5. For lesson 9, the child draws out several cards at once and tells a story about them.

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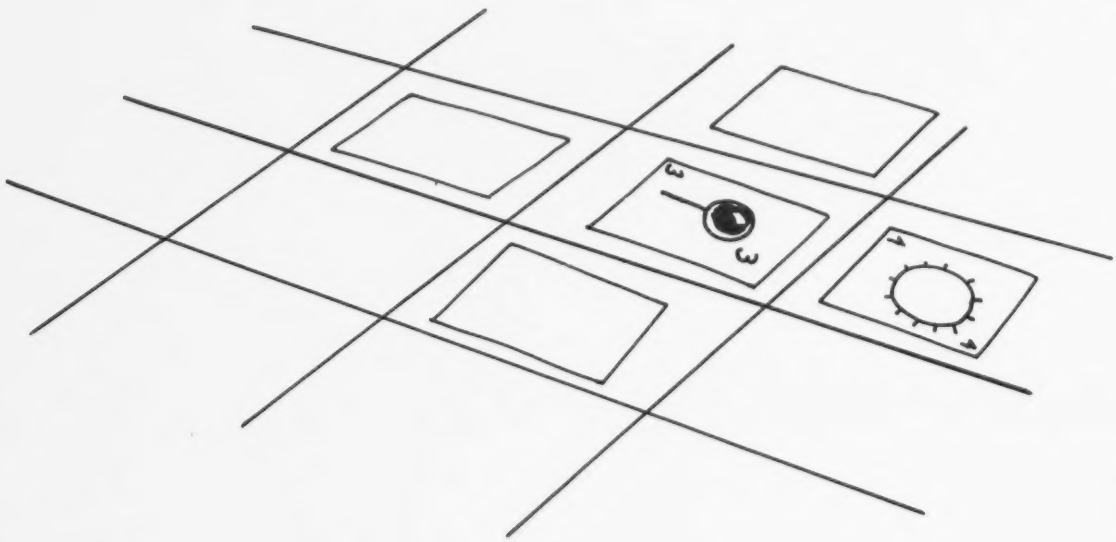
36. TIC-TAC-TOE

Materials: cards; paper; a pencil, marker, pen, or crayon

Procedures

1. Draw a tic-tac-toe grid large enough to hold nine cards.
2. In this game, you and your child will take turns drawing cards and talking about them.
3. You both take turns naming a card (lessons 1 and 2) or talking about it in a phrase (lessons 3 to 6) or sentence (lessons 7 and 8). After saying the practice word correctly, you put the card on the grid.
4. Place your cards face up on the grid, and the child's cards face down. Thus, you can tell the cards apart.
5. You both try to put three cards in a row to win the game.



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37. SURPRISE CARD

Materials: cards; index cards; a pencil or crayon

Procedures

1. Make a set of index cards with special marks on them. This mark means that something special will happen when the child turns up one of these cards: a tickle, a hug, or a turn with a toy, for example.

2. Mix the index cards in with the word cards and place the cards in a pile.

3. The child turns over each card and names it (lessons 1 and 2) or talks about it in a phrase (lessons 3 to 6) or sentence (lessons 7 and 8). Whenever a marked index card is turned up, the child gets the special treat.

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38. FIND THE NUMBER

Materials: cards; numbered scraps of paper; a bag or box

Procedures

1. Number the picture cards, then number one scrap of paper for each picture card.
2. Put all the scraps in a bag.
3. Spread the picture cards out in front of the child.
4. The child draws a number from the bag, then finds the matching card.
5. The child names the card (lessons 1 and 2) or talks about it in a phrase (lessons 3 to 6) or sentence (lessons 7 and 8). If the practice word is said correctly, the child can remove that card.
6. For lesson 9, the child draws three or four numbers at a time and tells a story with those cards.

Variations

For younger children, play the game with only half the cards at one time.

If numbers are difficult for the child, you can match shapes and colors instead.

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39. SPIN AND MOVE

Materials: cards; game pieces; a numbered spinner or a bottle with paper scraps numbered from 1 to 5

Procedures

1. Lay the cards out face up in a large circle.
2. The child selects a game piece.
3. If you do not have a spinner, put the numbered paper scraps in a circle. Lay the bottle on its side in the center.
4. The child then spins the spinner or bottle and moves the game piece that many cards around the circle.
5. The child lands on a card, then names it (lessons 1 and 2) or talks about it in a phrase (lessons 3 to 6) or sentence (lessons 7 and 8).
6. If the practice word was correct, then the child turns that card over.
7. The child continues around the circle until all the cards have been turned over. You may decide what to do if the child lands on a card that has been turned over: for the fastest game, allow the child to pick any card to talk about and turn over; for a greater challenge, the child continues spinning until he or she can move to a face-up card.

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40. MILK CARTON DICE

Materials: cards; a cardboard pint or quart milk carton; tape; glue; paper; marker; game piece

Procedures

1. Make a die by turning a milk carton into a cube. Remove the top and cut down the sides of the carton. Overlap the cut sides to form a cube. Tape it firmly.

2. Write the numbers 1 to 4 on pieces of paper. Paste the numbers on the sides of the cube. You will have to write some of the numbers twice or write *Go Back 1 Space* on one or two sides.

3. Lay the cards out face up in a large circle.

4. The child selects a game piece.

5. The child rolls the die, moves the game piece, and lands on a card, then names the card (lessons 1 and 2) or talks about it in a phrase (lessons 3 to 6) or sentence (lessons 7 and 8).

6. If the practice word was correct, then the child turns that card over.

7. The child continues around the circle until all the cards have been turned over. You may decide what to do if the child lands on a card that has been turned over: for the fastest game, allow the child to pick any card to talk about and turn over; for a greater challenge, the child continues rolling until he or she can move to a face-up card.

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41. MILK CARTON SLIDE

Materials: cards; a half-gallon milk carton or shoe box; scissors or a razor blade; two strips cut from a file folder; tape

Procedures

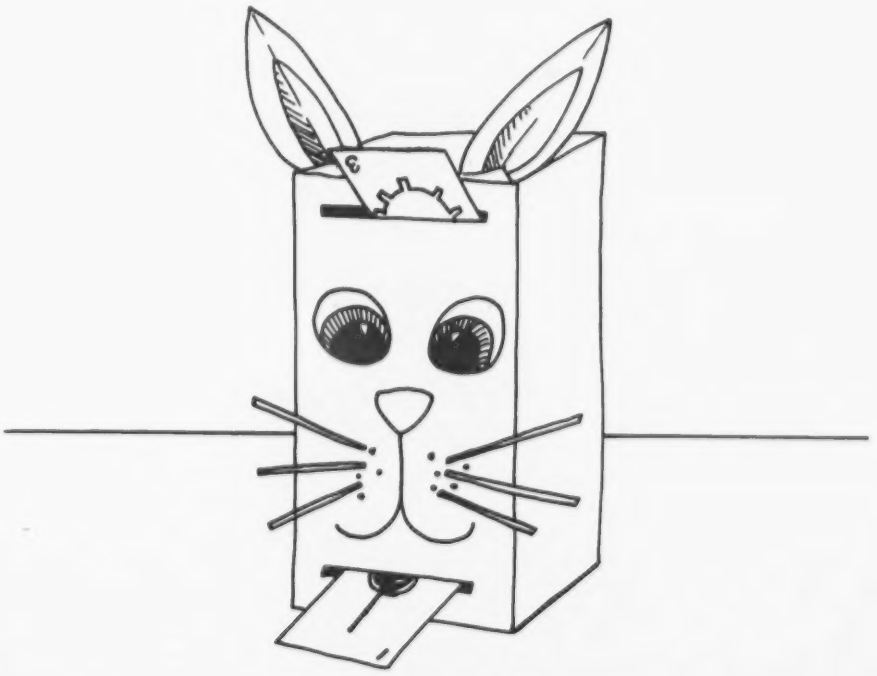
1. Near the top of the milk carton (or box), make a slit wide enough for the cards to slide through easily and about one inch high. Make another slit the same size near the bottom of the carton (or box) directly below the first slit.

2. Cut two strips from file folders. The strips should be as wide as your carton and 2 inches longer.

3. Open the milk carton. Make a double slide inside the milk carton. Tape one strip to the side of the milk carton below the lower opening. Tape the other strip above the lower opening. Tape the other end of the strips above and below the upper opening. Thus, the cards can slide between the two strips from the upper slit to the lower one.

4. If you wish, the child can decorate the outside of the carton. Kids enjoy making an animal that will *eat* the pictures. Other ideas are a treasure chest, a vending machine, a cash register, or whatever.

5. The child slides a card face down into the top slit. It will slide out at the bottom face up. Then, the child names the card (lessons 1 and 2) or talks about it in a phrase (lessons 3 to 6) or sentence (lessons 7 and 8).



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42. UP TO BAT

Materials: cards; paper; crayons or markers; game pieces; a box or bag

Procedures

1. Draw a baseball diamond on the piece of paper.
2. Write things that could happen to the batter, such as strike, hit, ball, foul ball, home run, and so on, on scraps of paper.
3. Place the scraps of paper in the box or bag.
4. Both of you select game pieces.
5. The child draws a picture card and names it (lessons 1 and 2) or talks about it in a phrase (lessons 3 to 6) or a sentence (lessons 7 and 8). If the practice word is said correctly, the child draws a scrap of paper from the box and moves the game piece around the baseball diamond.
6. The child gets one point for each base the piece crosses. A home run is worth 4 points.
7. You can play against the child to see who can get the most points. However, the child must talk about your cards (lessons 2, 4, 6, and 8) or repeat what you say about them (lessons 1, 3, 5, and 7).
8. For Lesson 9, the child can draw 3 or 4 picture cards and tell a story about them before moving around the diamond.

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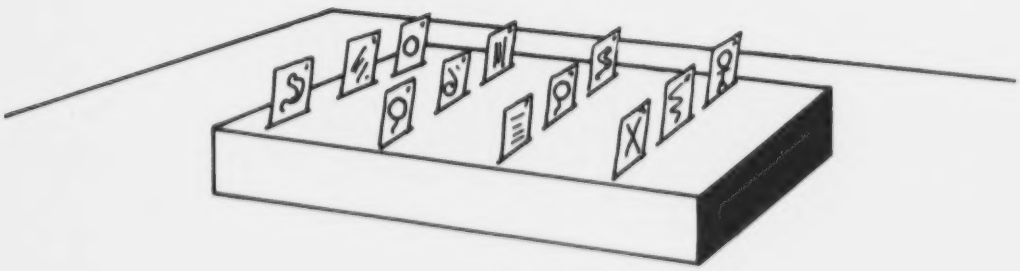
43. STAND-UP BOX

Materials: cards; a large, flat box such as a clothing box; a knife

Procedures

1. Cut slots in the top of the box the width of the picture cards. Cut one slot for each card.
2. Slide one card in each slot so that the cards stand up facing you.
3. The child names a card (lessons 1 and 2) or talks about it in a phrase (lessons 3 to 6) or sentence (lessons 7 and 8). Then the child can remove the card or push it down inside the box.
4. The practice session is finished when the slots are empty.
5. For lesson 9, the child can tell a story about all the cards in one row.

Variation
The child can insert the cards into the slots instead of taking them out.



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44. HANGING ORNAMENTS

Materials: cards; a paper tree or real tree branch; tape or paper clips

Procedures

1. Set a live tree or tree branch in a pot so it stands up. You can draw a tree on a large piece of paper instead.

2. If you are using a real tree, bend paper clips open to make hooks. Poke one end of each hook through a card. If you are using a paper tree, tape a circle of tape to the back of each card.

3. The child picks a card, says a word (lessons 1 and 2), a phrase (lessons 3 to 6), or sentence (lessons 7 and 8), then hangs the card on the tree as an ornament or piece of fruit.

4. Your child should not hang the card on the tree until the practice word has been said correctly.

5. Once all the cards have been hung, the child may talk about each card again, then remove it from the tree until the tree is bare. The child can pretend to be picking fruit.

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45. LET'S GO FISHING

Materials: cards; paper clips; small magnet; string; a stick

Procedures

1. Attach a paper clip to each card.
2. Make a fishing rod. Attach a small magnet to one end of a string. Tie the other end to the end of a stick.
3. Place the cards face down on the floor to represent fish in a lake.
4. The child tries to catch a fish by dangling the magnet over the cards until a paper clip sticks to the magnet.
5. Then, the child names the picture (lessons 1 and 2) or talks about it in a phrase (lessons 3 to 6) or sentence (lessons 7 and 8).
6. If the practice word is said correctly, the child can keep the card. If not, it goes back in the water.
7. For lesson 9, the child can catch several cards then tell a story with them.

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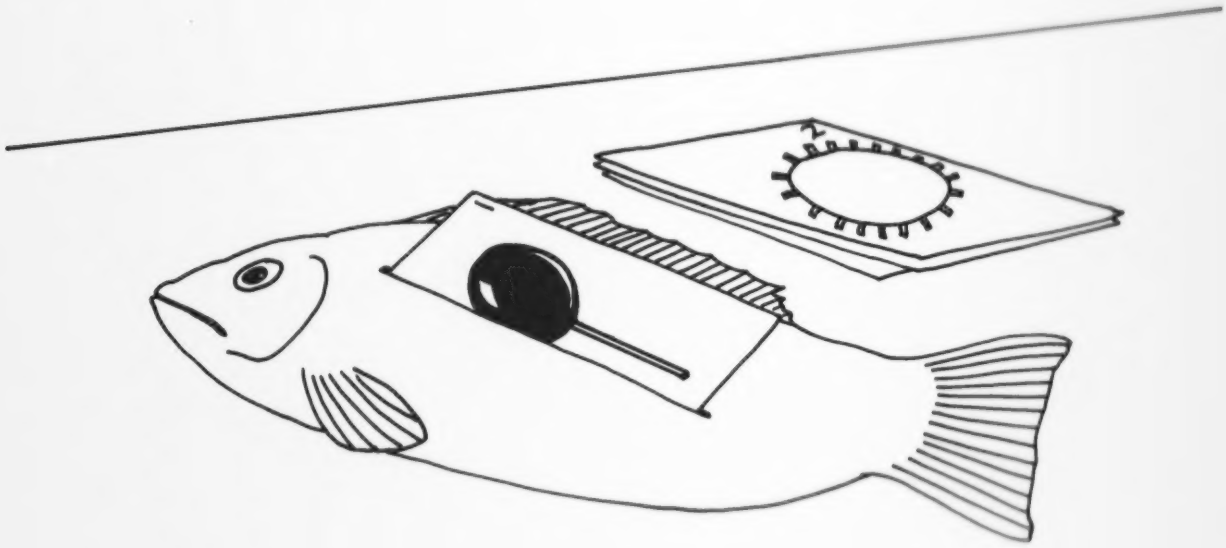
46. POCKET FISH

Materials: cards; construction paper; scissors

Procedures

1. Draw a fish on construction paper and cut it out.
2. Cut out or color in details on the fish. The child might enjoy helping you.
3. Make a slit or pocket in the center of the fish to hold the picture cards.
4. Put the cards face down in a pile. The child draws a card, practices it, and slips it into the pocket. For lesson 9, the child can tell a story with several pictures, then slip them all into the pocket.

Variation
The child can pull the pictures out of the pocket instead of placing them in it.



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47. PEEKABOO

Materials: cards; a file folder; scissors

Procedures

1. Cut a window the size of the picture cards in the front of the folder.
2. The child places a card in the window then practices that card in a word (lessons 1 and 2), phrase (lessons 3 to 6), or sentence (lessons 7 and 8).
3. The frame can easily be made to look like a TV screen.

Variation
Move the picture card into the window slowly to make its appearance more of a surprise.

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48. BLACKOUT BINGO

Materials: paired cards; a bag or box

Procedures

1. Put one set of cards in the bag or box.
2. Divide the remaining set equally between yourself and the child.
3. Spread out the cards face up in front of each player.
4. The child pulls one card at a time out of the bag and practices it.
5. The child looks for the matching card and covers it with its pair.
6. The object is to cover all your cards first.
7. For Lesson 9, take out enough cards at a time to tell a story.

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49. FISH

Materials: paired cards; extra players (optional)

Procedures

1. This is the traditional *Go Fish* game. It is more fun if you have more than two players. Shuffle both sets of cards together and deal four or five cards to each player.
2. Put the rest of the cards face up in a pile in the middle of the table.
3. All players take any paired cards out of their hands and place them in a pile in front of themselves.
4. One player asks another for a card needed to make a pair.
5. If the player has the card, it must be given up.
6. If not, the player says "go fish" and the asker then takes the top card from the pile in the middle.
7. Every time a player makes a pair, the child must practice both cards.
8. The game continues until all the cards have been paired. The player with the most pairs wins.

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50. CONCENTRATION

Materials: paired cards

Procedures

1. Shuffle the paired cards, then spread them out face down.
2. Each player turns over two cards at a time.
3. The child practices both cards in words (lessons 1 and 2), phrases (lessons 3 to 6), or sentences (lessons 7 and 8).
4. The player may keep the cards if they are alike and take another turn.
5. If they do not match, the player must turn them face down again, and the other player takes a turn.

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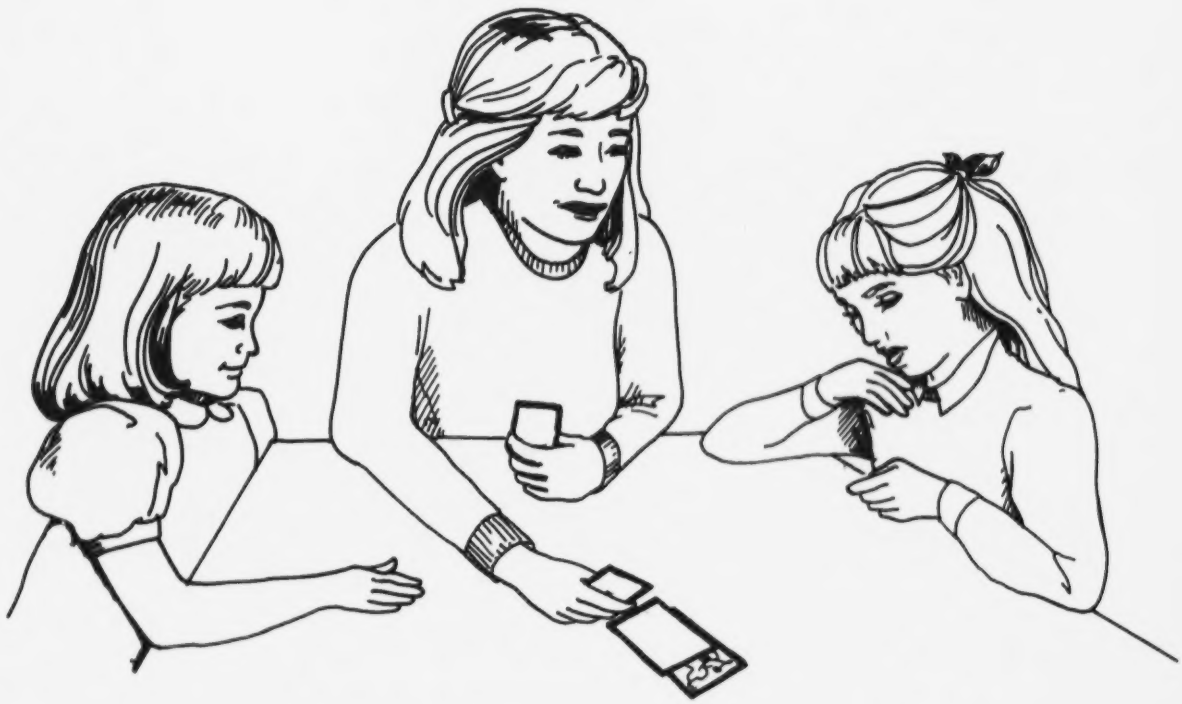
51. THREE OR FOUR PILES ARE BETTER THAN ONE

Materials: cards

Procedures

1. Divide the cards into several small piles. Then, the child can see the piles of cards get smaller as the session progresses. Sometimes practicing a large pile of cards looks like a never-ending task.

2. Plan a small reward or break every five or ten cards (for example, taking a drink of water or playing with a toy for a short while).



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52. THE OLD BEAN TRANSFER

Materials: cards; two glasses

Procedures

1. Fill a glass with one bean for each card to be practiced.
2. After every correct response, the child transfers a bean from the full glass to the empty one. Thus, the child can see progress and how many cards are left.

Variations

1. Draw one square for each card on a piece of paper. The child puts a bean in each square or colors the square while practicing. Draw a line of circles on a piece of paper and have the child put a bean in each one. You can draw flowers or smiling faces for the beans to cover. The bean can make the center of each flower or the nose on each face.
2. The child can also drop beans in the cups of an egg carton or ice-cube tray.
3. You can find wrapping paper or a magazine picture with a number of distinct items. The child can cover each item with a bean.
4. Instead of beans, you can use little pieces of paper, poker chips, lids, buttons, stickers, or any other small objects.

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53. PLAY A FAVORITE GAME

Materials: cards; a child's board game

Procedures

1. Play any game the child likes. The child must practice a card before taking each turn.

2. To make it more fun, you can take an extra turn whenever the child makes a mistake.

3. The session is over when one of you wins the game. If you run out of cards before finishing the game, the child can choose whether to continue.

4. If the game has long turns, you can have the child practice several cards before taking a turn.

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54. FOLLOW THE DOTS

Materials: cards; a dot-to-dot picture

Procedures

1. The child connects two dots on a dot-to-dot picture for each correct response. Books of dot-to-dot pictures are available at variety, drug, and grocery stores.

2. You can also make your own dotted pictures.

3. Your child can color or paint the picture after the session.

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55. PUZZLE PIECES

Materials: cards; a child's jigsaw puzzle

Procedures

The child puts a puzzle piece in the puzzle after each correct response. Older children should make several correct responses before getting a puzzle piece.

Variation

To make the game progress more rapidly, the child can collect the puzzle pieces during the session. The child waits until after the session to put them together.

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56. MARK YOUR OWN WAY

Materials: cards; paper; crayons

Procedures

1. Draw five, ten, or twenty shapes on a piece of paper. You can draw squares, circles, unfinished faces, flowers, or whatever you like.

2. The child marks or colors in one of the shapes for each correct response. Your child knows the session is over when all the shapes have been colored in.

3. If the child is older or practice time is short, the child colors a shape after every two or three correct responses.

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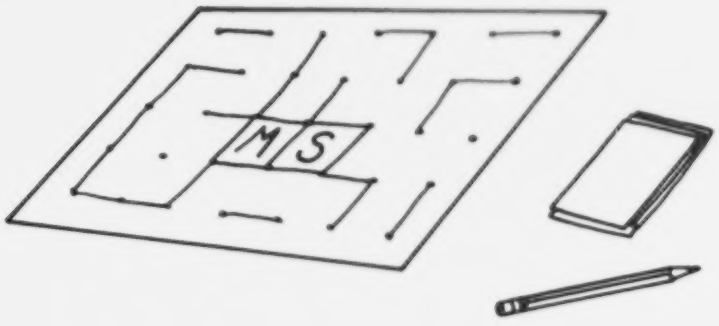
57. MAKE A SQUARE

Materials: cards; paper; a pencil

Procedures

1. Make a square or rectangular grid of dots.
2. You and your child take turns connecting two dots, either horizontally or vertically, for each correct response.
3. The object of the game is to complete squares. Whoever draws the fourth side initials that square. After completing a square, the player draws another line.
4. Look for places where your partner has left a three-sided shape for you to complete. Try to avoid leaving a three-sided shape for your partner to complete.
5. The player with the most initialed squares wins!



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58. LET'S MAKE A MONSTER

Materials: cards; paper or a blackboard; a pencil, crayons, or chalk

Procedures

1. The child draws one part of a monster on a blackboard or on a blank piece of paper after each correct response.

2. The child can add an eye, horn, hair, wart, tail, scales, and so on.

3. Some children prefer to draw a picture of themselves, a brother or sister, an animal, a haunted house, or their own ideas.

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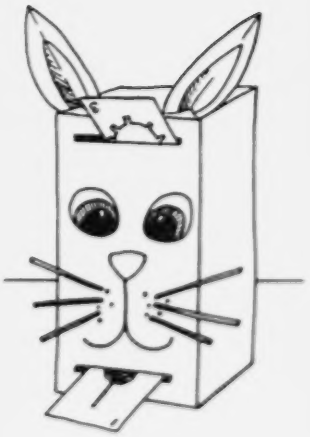

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